

Name
in
Full

Freddie Adams

CERTIFICATE OF DEATH

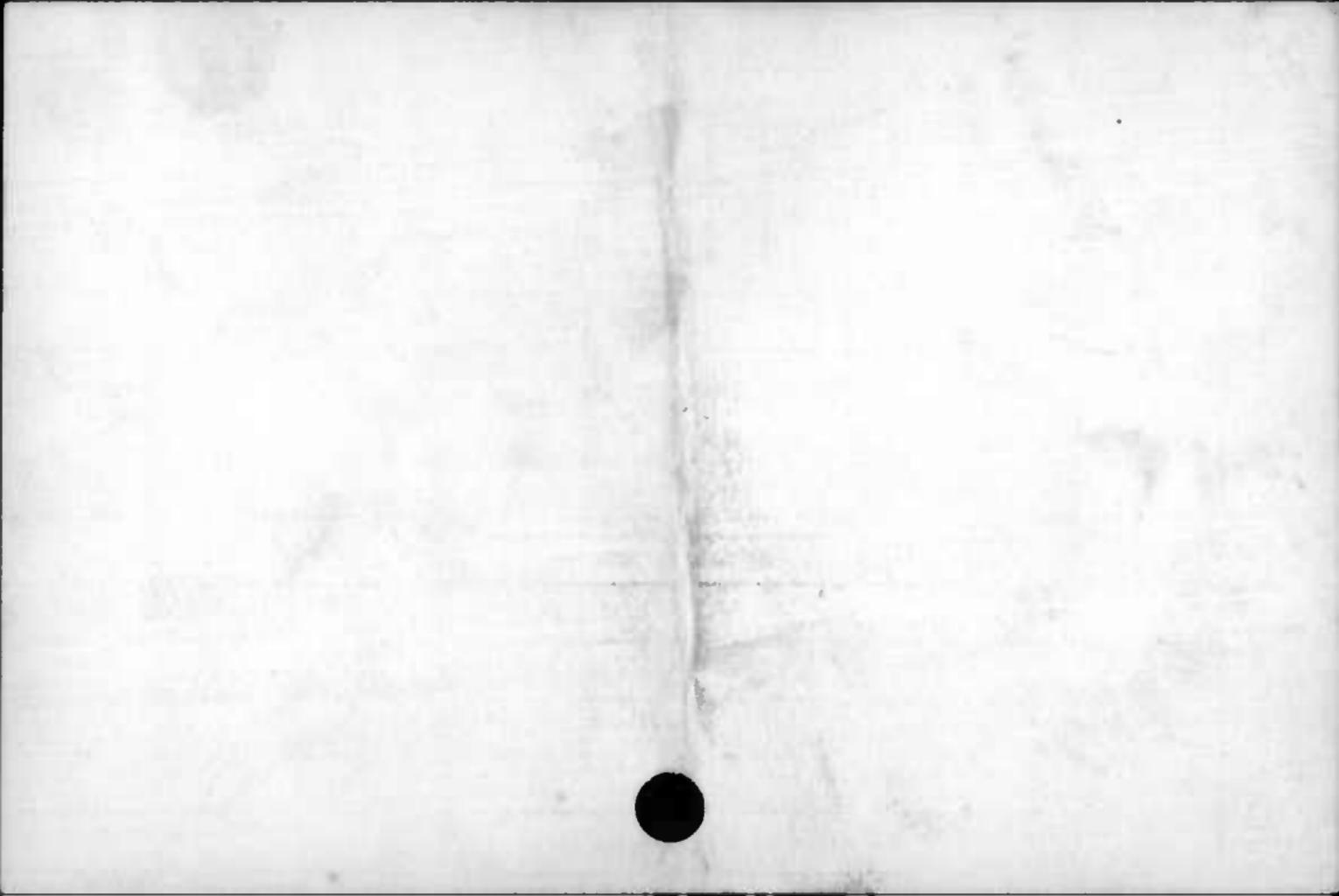
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Md	
Father's Name	Robert Adams		Mother's Birthplace	Md	
Mother's Maiden Name	Sarah Franklin		Name of person giving information	How related to deceased	Md
	William Allan			167	none

CAUSES OF DEATH

Primary	This child is badly burned out		
Immediate	burned and cause of death is difficult		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Johnto. Saunbury M.D.
		Address	Forestville Md
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

James P. Boyd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at	Town		County		MARYLAND	
Date of death	1908	Month 2	Day 20	Years 66	Months	Days
Sex	Male		Color or Race	Colored	Birth-place	Md
Occupation	farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Martha Boyd		
Father's Name	Benj. Boyd		Father's Birthplace Md			
Mother's Maiden Name	Not Known		Mother's Birthplace Not Known			
Name of person giving Information	Noble Boyd		How related to deceased Son			

CAUSES OF DEATH

79

Primary Bright's & valvular Heart-disease How long Several years

Immediate valvular Heart-disease How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

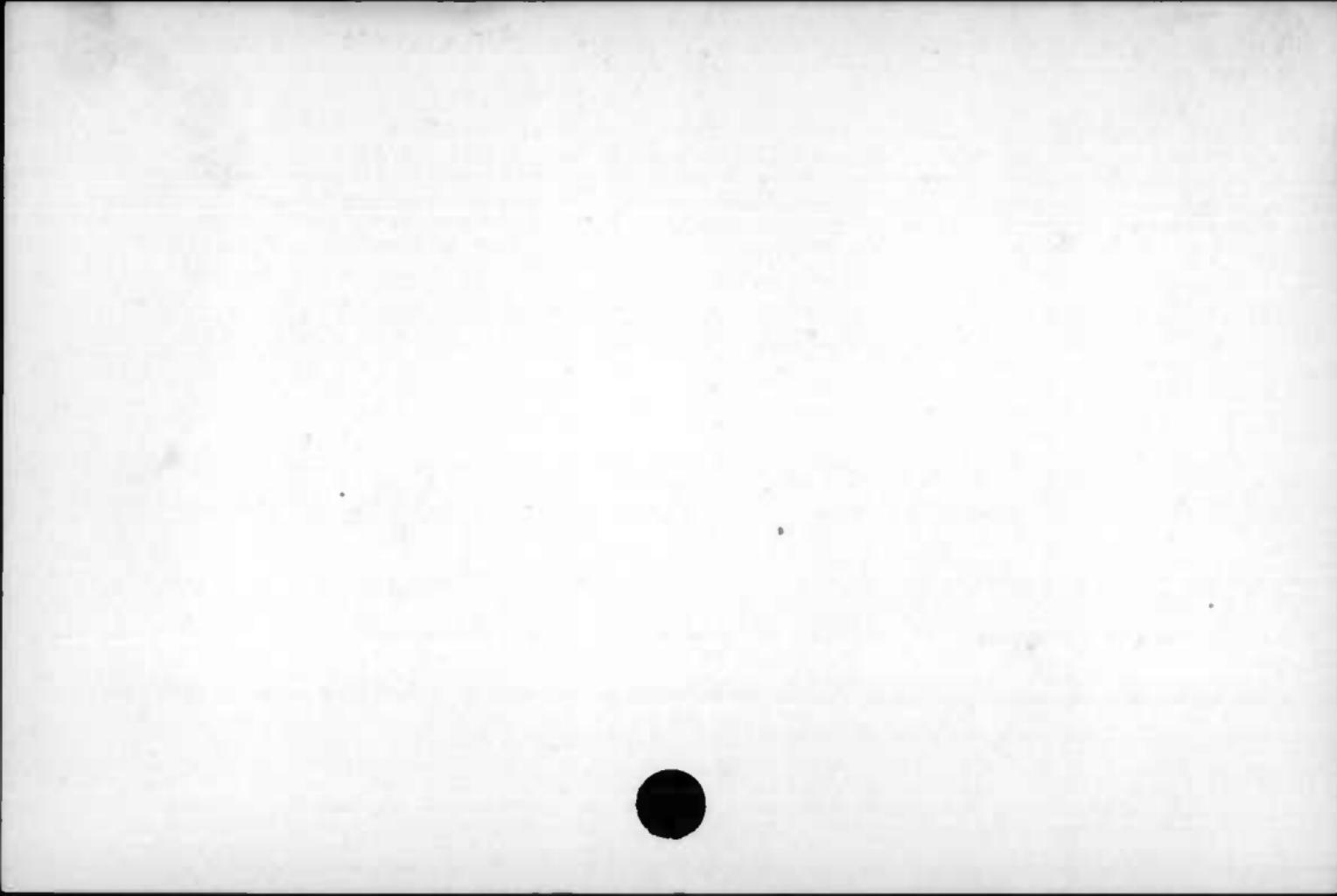
Address

John A. Cor

213.

Md

Accident or Suicide?



Name
in
Full

Frances Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birthplace	
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace	
Father's Name	Daniel Brooks			Md.	
Mother's Maiden Name	Maggie Dadd			Mother's Birthplace	
Name of person giving information	Daniel Brooks			Md.	
Gather			How related to deceased		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Bronchitis or Pneumonia according to Gatter statement		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E P Simpson M.D.
		Address	Rosecroft Md
Accident or Suicide?			



Name
in
Full

Laura H Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Anne Pennington	Mother's Name	Mother's Birthplace		
Name of person giving information	Katherine Brooks	How related to deceased	Brother		

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

5 or weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

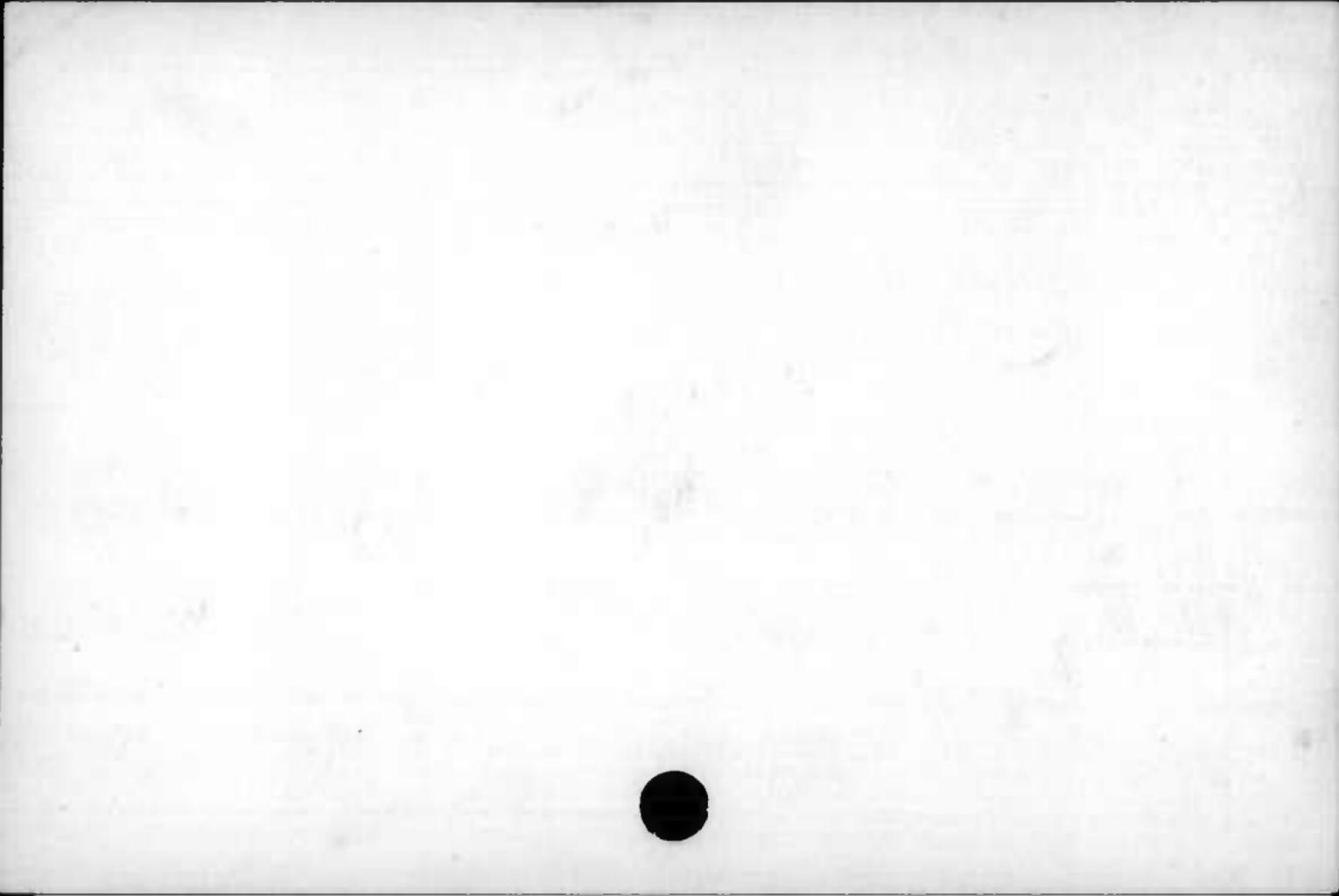
W.H. Gibbons

Address

Croom md.

H

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Lucy Brooks

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Crown

Pr. Isd

Date

of death 1908 Feb

Month

Day

Years

Age 13

Months

Days

Sex

Female

Color or
Race

Coloured

Birth-
place

3rd

Occupation

School girl

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Leander Brooks

Father's
Birthplace

Md

Mother's
Maiden Name

Annie Penney

Mother's
Birthplace

Md.

Name of person giving
Information

Leander Brooks

How related
to deceased

Father

CAUSES OF DEATH

①

Primary

Typhoid fever

How long

6 weeks

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

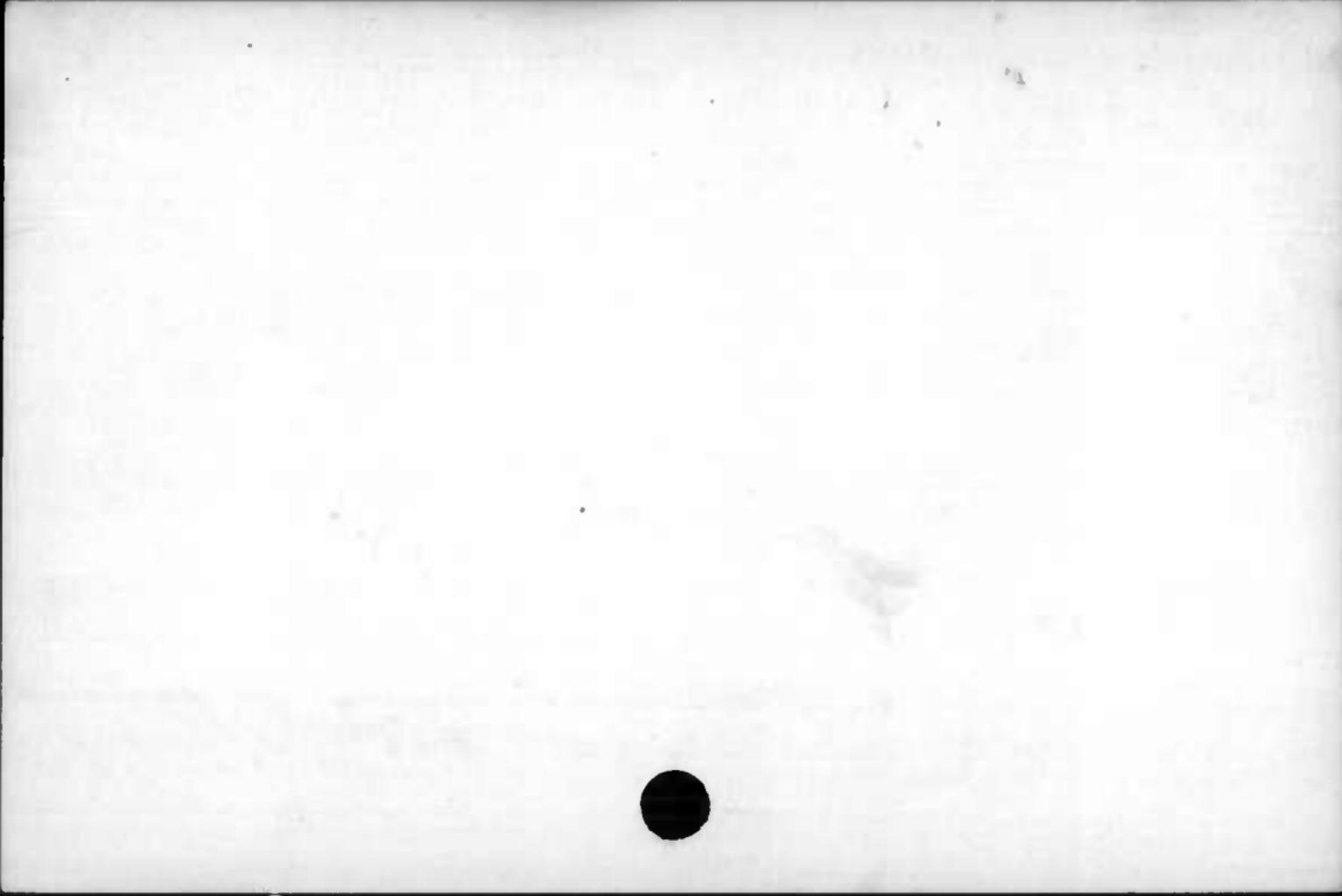
Signature of
Physician

Address

W.D. Gibbons

Crown and

Accident or Suicide?



Name
in
Full

Irene Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Feb.	12	Age	2	6
Sex	Female	Color or Race	Colored	P. G. Co.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Philip Brown		Father's Birthplace	P. S. Co.	
Mother's Maiden Name	Laura. Brown		Mother's Birthplace	P. G. Co.	
Name of person giving Information	Philip Brown		How related to deceased	Father.	

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

Irene Brown

How long

Immediate

Clothing caught from store

How long

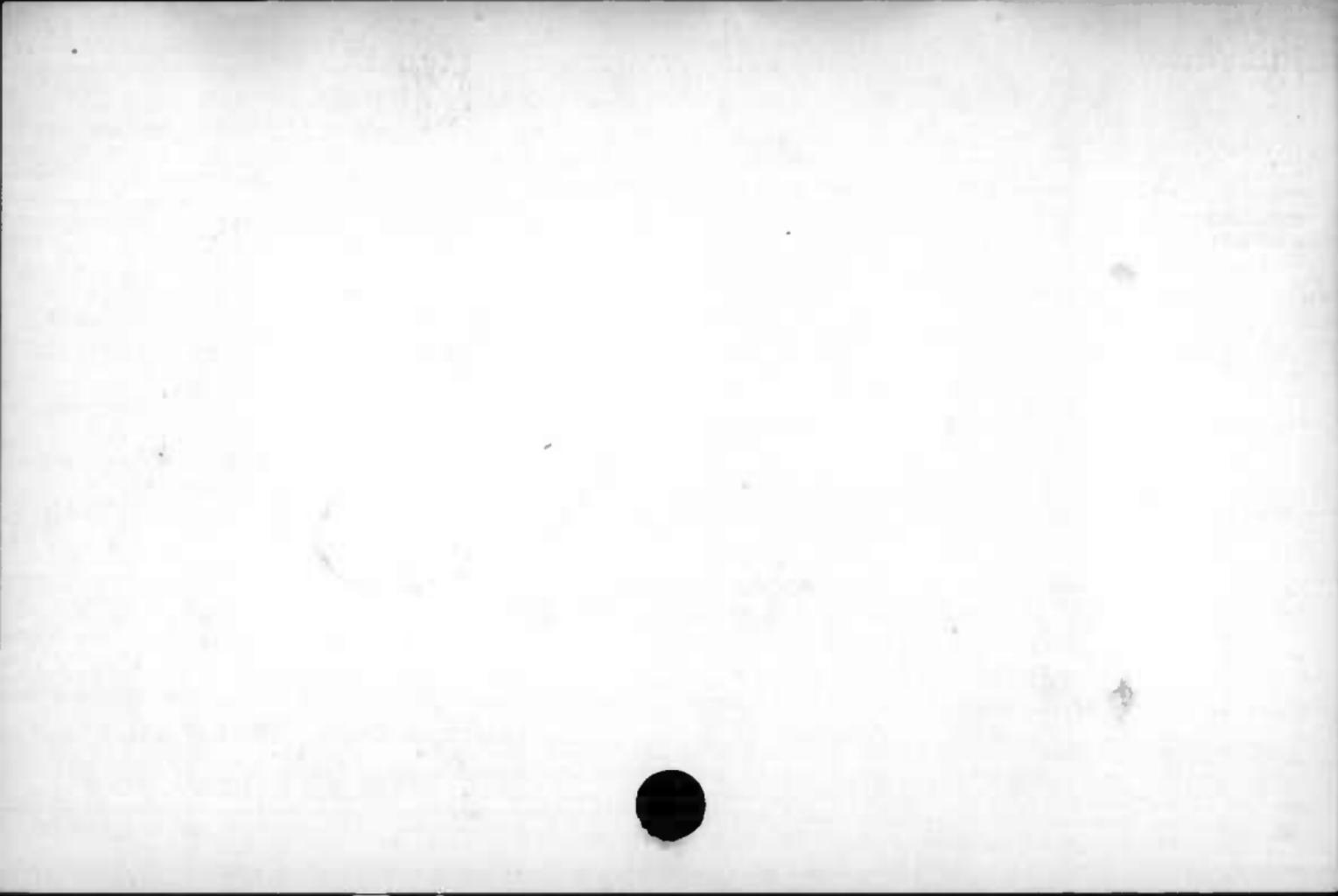
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. H. Gibbons
Brown MD

Accident or Suicide



Name
in
Full

George Brumley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

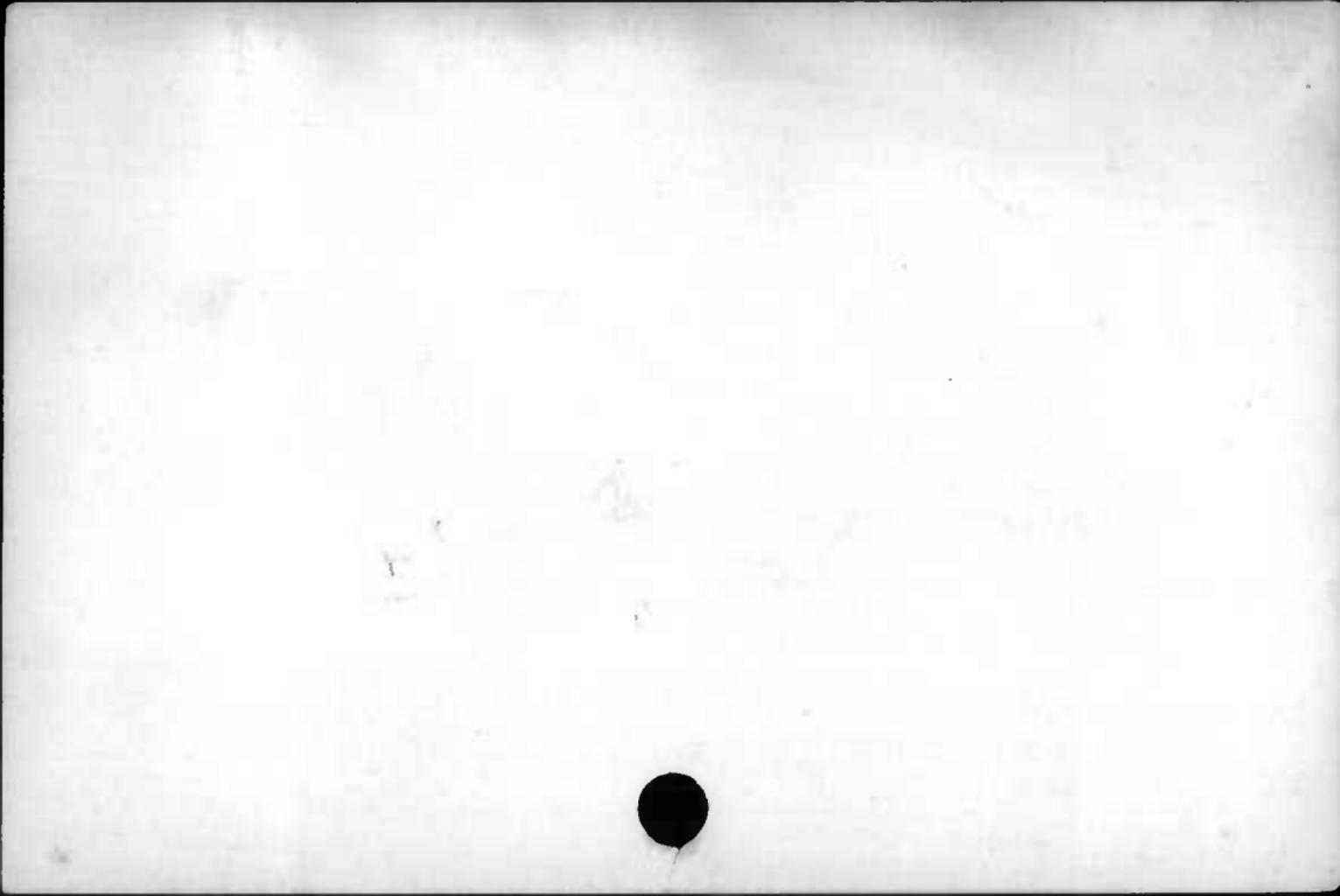
Died at	Town	County	MARYLAND		
Melwood	Prince George				
Date of death	Month	Day	Years	Months	Days
1908	2	19	62		
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Farmer				
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Brumley		
Father's Name	not known				
Mother's Maiden Name	not known				
Name of person giving Information	George Brumley				
CAUSES OF DEATH					
Primary	Cancer of the Liver				
Immediate	asthma				
How long					
1 yr					
How long					
3 days					

40

PHYSICIAN
OR CORONER

H

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	John Dausbury
	Address
	Forsville
Accident or Suicide?	Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

James Cantor

CERTIFICATE OF DEATH

Died at Hall

Town

County

MARYLAND

Date of death 1908 Feb

Month

Day

Years

Age 62

Months

Days

Sex Male Color or Race White

Birth-place

Maryland

Occupation Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or Husband

unknown

Father's Name

unknown

Father's Birthplace

unknown

Mother's Maiden Name

unknown

Mother's Birthplace

unknown

Name of person giving information

B. Lee Reed

How related
to deceased

Not Related

CAUSES OF DEATH

120

Primary

Uremia

How long

probably 10-12 days

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

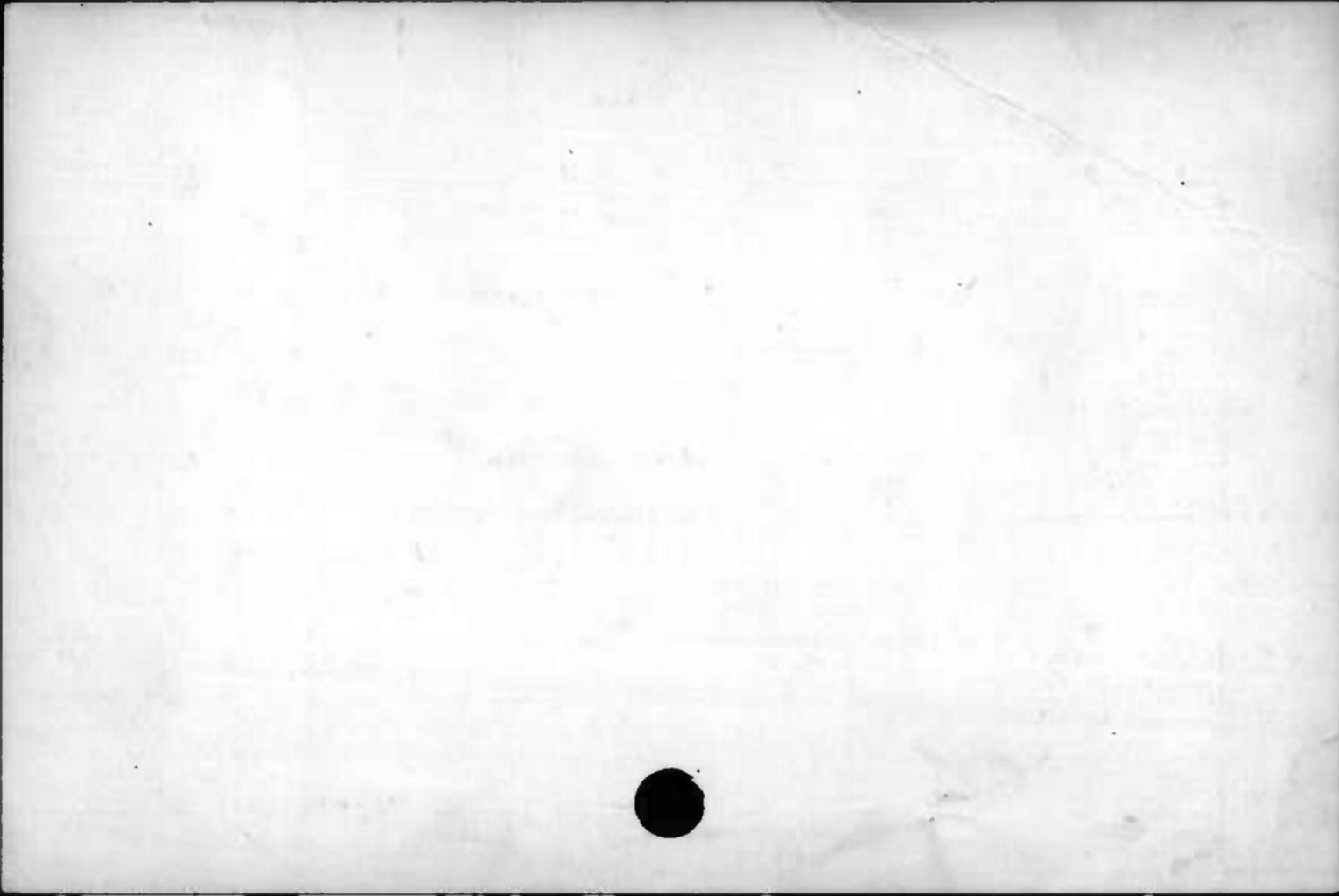
Address

H. J. Kirsch M.D.
Hall Md.

PHYSICIAN
OR CORONER

H

Accident or Suicide?



Name
In
Full

Albert E Charles

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Age	Years	Months	Days
1904	Feby	10	79	2	-
Sex	Male	Color or Race	White	Birth-place	England
Occupation	Grazier		Where Residing if not at place of death	near Baltimore	
Married, Single or Widowed	Name of Wife or Husband		Margaret Charles		
Father's Name	Albert E Charles		Father's Birthplace	England	
Mother's Maiden Name	Elizabeth - don't know		Mother's Birthplace	England	
Name of person giving information	Charles E. E. Charles		How related to deceased	Son	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Congestion of lungs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

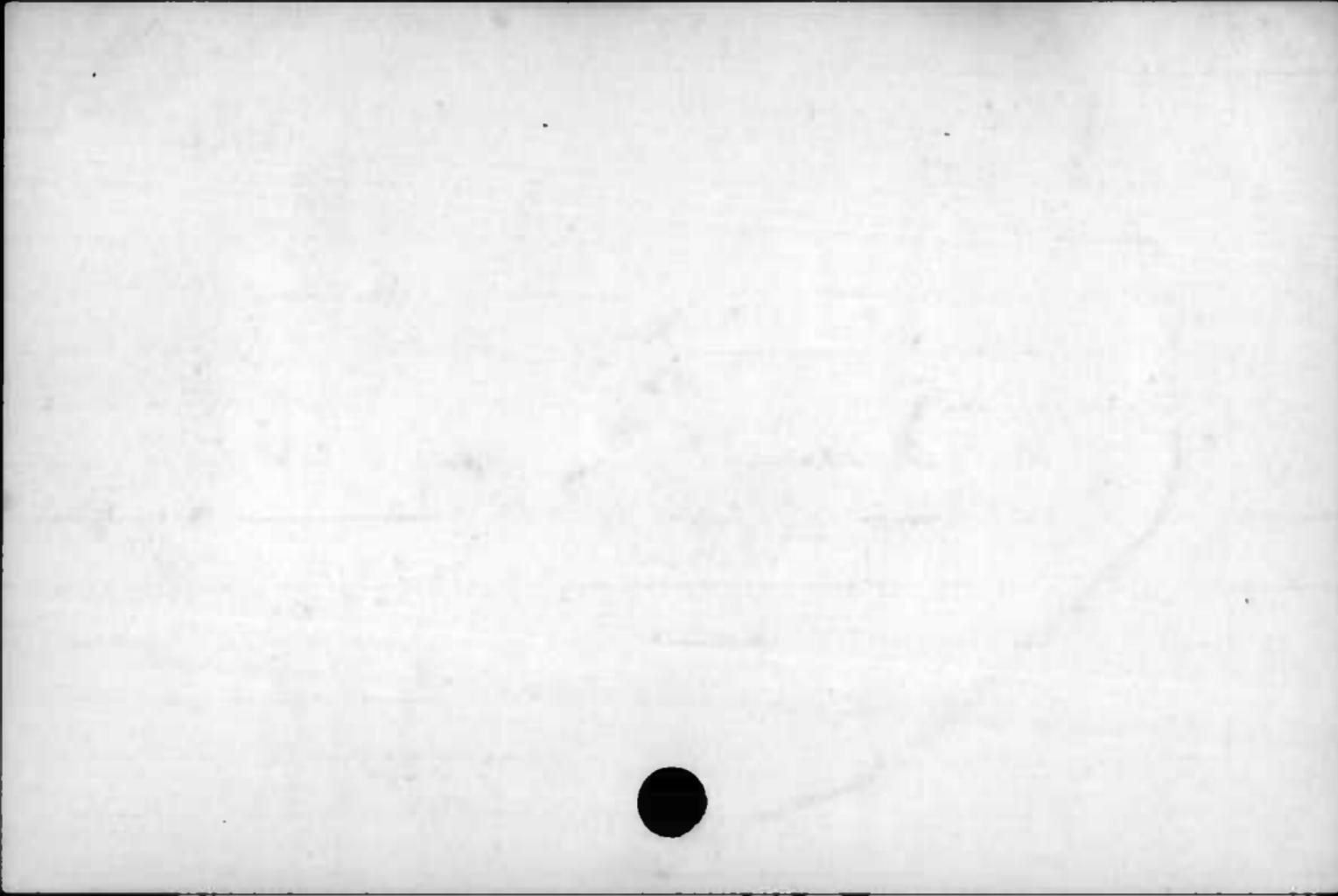
Address

Dr A Fox

Baltimore

H

Accident or Suicide?



Name
in
Full

Hester Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Callingtree MD.
1908 Feb 5 - 89 -
Female Black Howard Co., Md.
House Servant
Single -
David Kynard Howard Co.
Amy Kynard East Knob
Donald P. McClelland None

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Hypoxia induced by asphyxia

How long

Terminal respiration

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

McDowell M.D.
Dying of old age
Md.



Accident or Suicide?

No.



Name
in
Full

John Ogster Cromble

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Jane Cromble			
Father's Name	Henry Cromble				
Mother's Maiden Name	Millie Franklin				
Name of person giving information	Robert Brooks				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	I understand Cromble		
Immediate	did not attend him. saw him about 3 weeks ago		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. A. Fox
		Address	Divisive road
Accident or Suicide?			



Name
in
Full

Not named Infant child of Parine Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Bowles				
Mother's Maiden Name	Parine Davis				
Name of person giving Information	Parine Davis				
CAUSES OF DEATH					
Primary	Natural Cause				
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Augustus H Dahler Jr.		
		Address	Bel Air, Maryland		
Accident or Suicide?					

179

How long

How long

PHYSICIAN
OR CORONER



Accident or Suicide?

Issued 10 days after death

Name
in
Full

George Alfred Dodson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bellmore	Ocean County			
Date of death	Month	Day	Years	Months	Days
1905	July	16	Age 10	3	-
Sex	Male	Color	ad	Birth-place	St. Mary's Co. Md.
Occupation	-	Where Residing if not at place of death near Bellmore			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Samuel Dodson			Father's Birthplace	St. Mary's Co. Md.
Mother's Maiden Name	Hannie Tolson			Mother's Birthplace	St. Mary's Co. Md.
Name of person giving information	Samuel Dodson			How related to deceased	Father

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Hip

How long

about one week

Immediate

Pneumonia

How long

3 or 4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

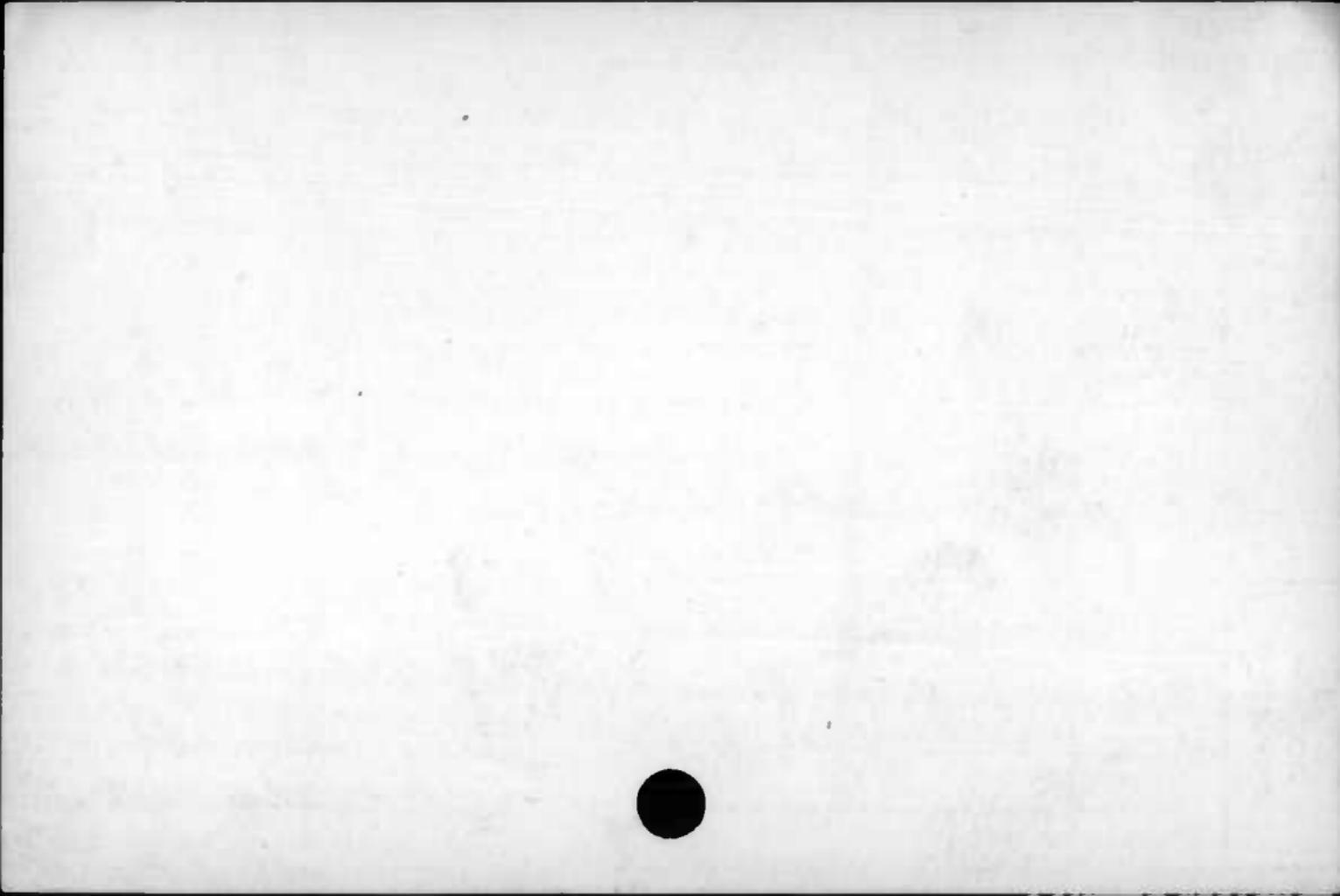
Signature of Physician

Address

6 A. Fox

Bellmore Md

Accident or Suicide?



Name
in
Full

Alice Maria Earle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Accokeek

County

P. G.

MARYLAND

Date
of death

Month

Day

Years

1908 Feb.

10

Age

—

Months

4

Days

Sex

Female

Color or
Race

White

Birth-
place

Accokeek Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Morris Earle

Father's
Birthplace

N. Y. City

Mother's
Maiden Name

Soulie Murphy

Mother's
Birthplace

Charles C. Md

Name of person giving
Information

Morris Earle

How related
to deceased

Father.

CAUSES OF DEATH

151

Primary

Inanition

How long

several weeks

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

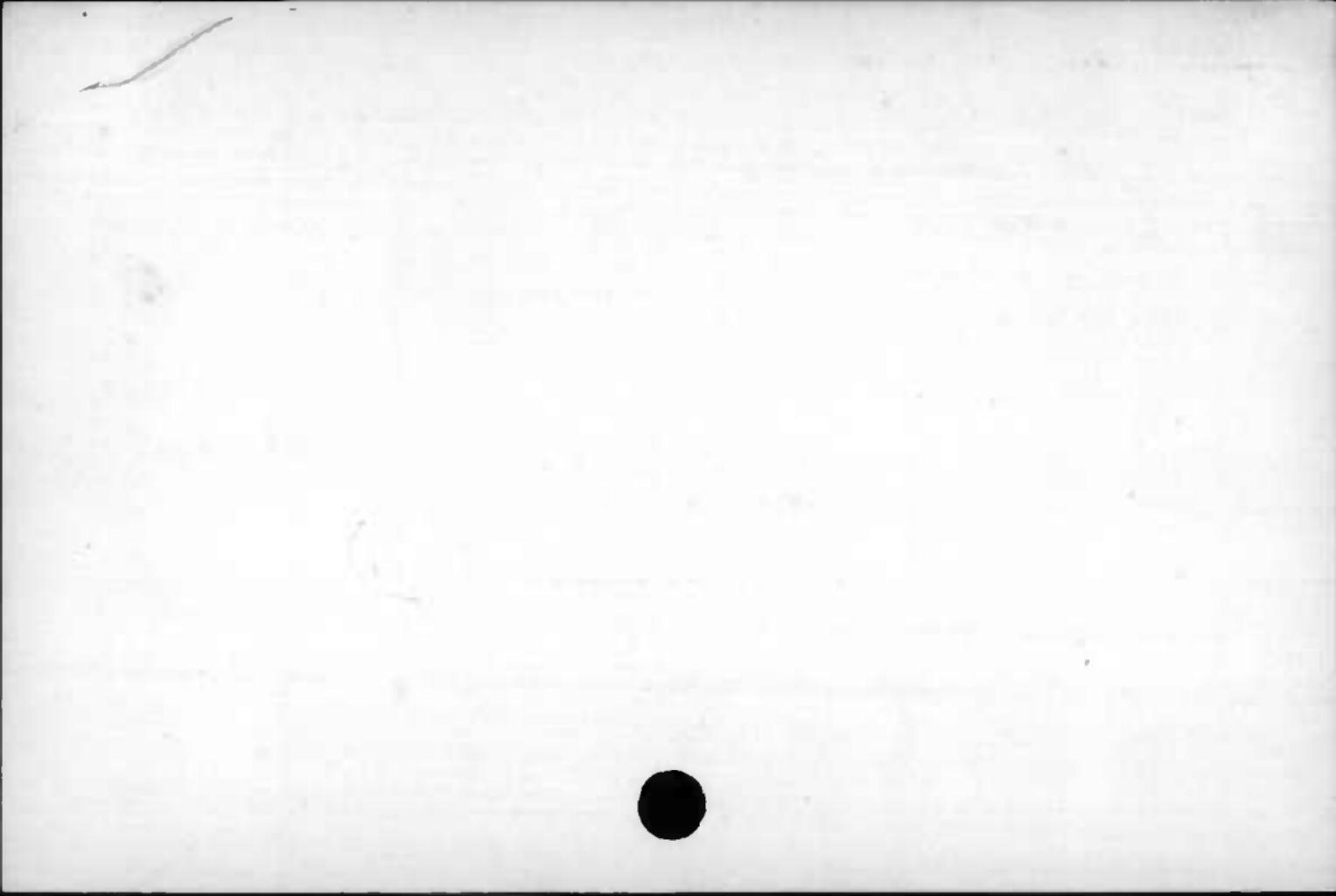
Address

E. S. Kurt

Piscataway

H

Accident or Suicide?



Name
in
Full

Eva L. Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY.
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at	Town	County	MARYLAND
Died at Beltsville	Prince George		
Date 5 th Month	Day	Years	Months Days
of death 1908 February	wed-5th	Age 20	5 -
Sex Female	Color or Race	Where Residing if not at place of death	Birth-place
Occupation Housekeeping	Colored	Fairfax Co Va	Virginia
Married, Single or Widowed	Name of Wife or Husband		
Married, Single or Widowed	Joseph		
Father's Name	A. Edwards	Father's Birthplace	Franklin Co Va
Mother's Maiden Name	Hannah Lee	Mother's Birthplace	Fairfax Co Va
Name of person giving Information	Mrs James Taylor	How related to deceased	sister

CAUSES OF DEATH

27

How long

11 months

How long

few days

Primary

Tuberculosis

Immediate

Pernicious anemia + cold

Are the name, age, sex, color, date and place correctly given above?

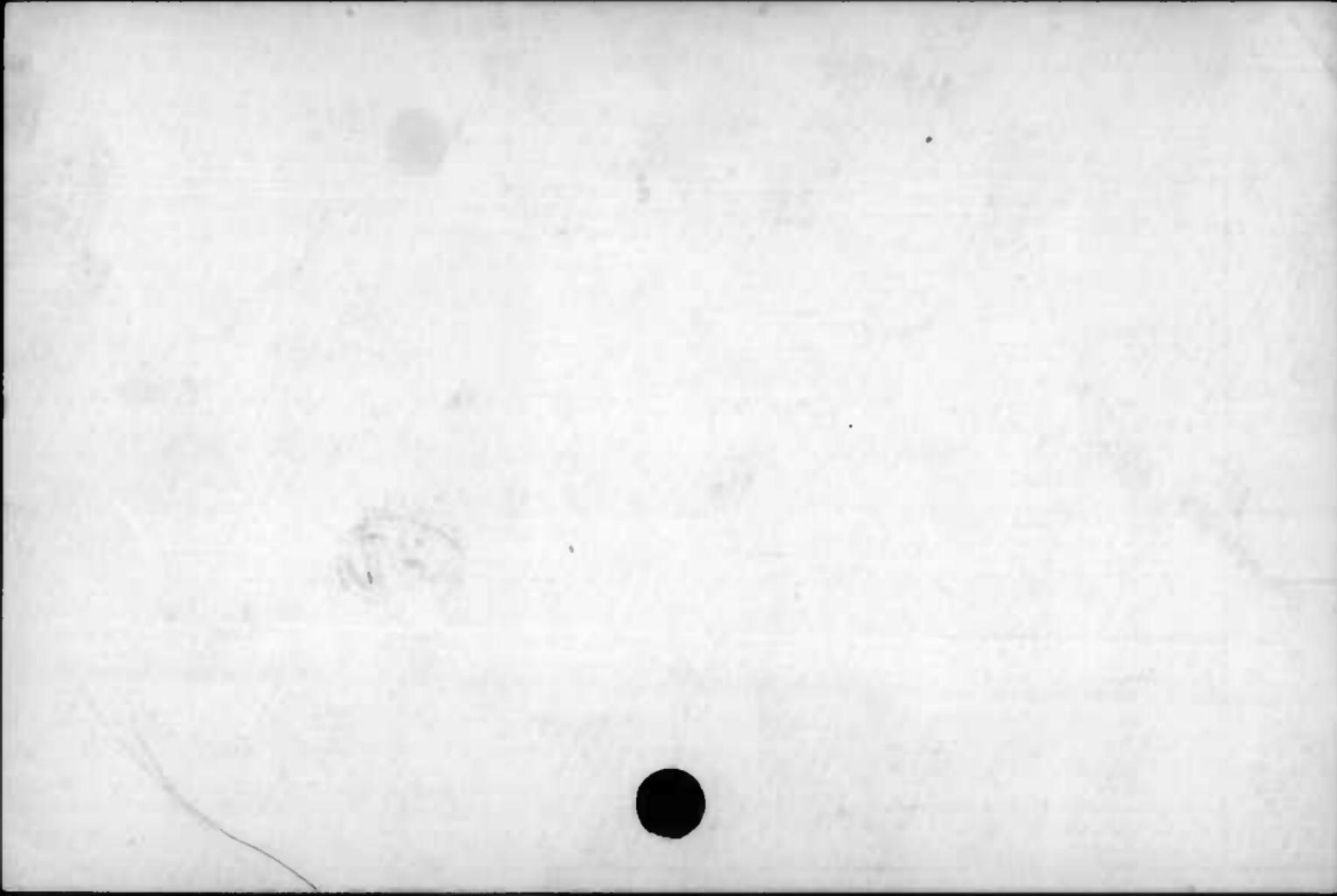
yes

Signature of Physician

Address

N.B. Shade MD
727-13th st NW

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Etter

CERTIFICATE OF DEATH

MARYLAND

Died at Woodburn, Md.

County

Date
of death 1908

Month Feb

Day 14

Years 72

Months

Days

Sex F

Color or
Race WBirth-
place Pa

Occupation

Where Residing if not
at place of deathMarried, S
or WidowedName of Wife or
Husband

Randolph, Md.

Father's
NameFather's
Birthplace PaMother's
Maiden NameMother's
Birthplace PaName of person giving
InformationHow related
to deceased Son

Ferdinand Rath

Frank X Etter

CAUSES OF DEATH

Primary

Papillomata

How long

8 yrs

Immediate

Exhamation

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yrs

Signature of
Physician

Address

Aged S. Parsons,
National Park, Md.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Naoma Carroll
Westphalia Prince George

MARYLAND

Date
of death

1908

Month

2

Day

28

Years

18

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Chas Leo. Md.

Occupation

Schoolgirl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Charles H. Carroll

Father's
Birthplace

Chas Leo. Md.

Mother's
Maiden Name

Elizabeth A. Stone

Mother's
Birthplace

Chas Leo. Md.

Name of person giving
Information

Joseph H. Carroll

How related
to deceased

Brother.

CAUSES OF DEATH

27

Primary

Pneumonia

How long

3 weeks

Immediate

Tuberculosis

How long

6 months or more

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

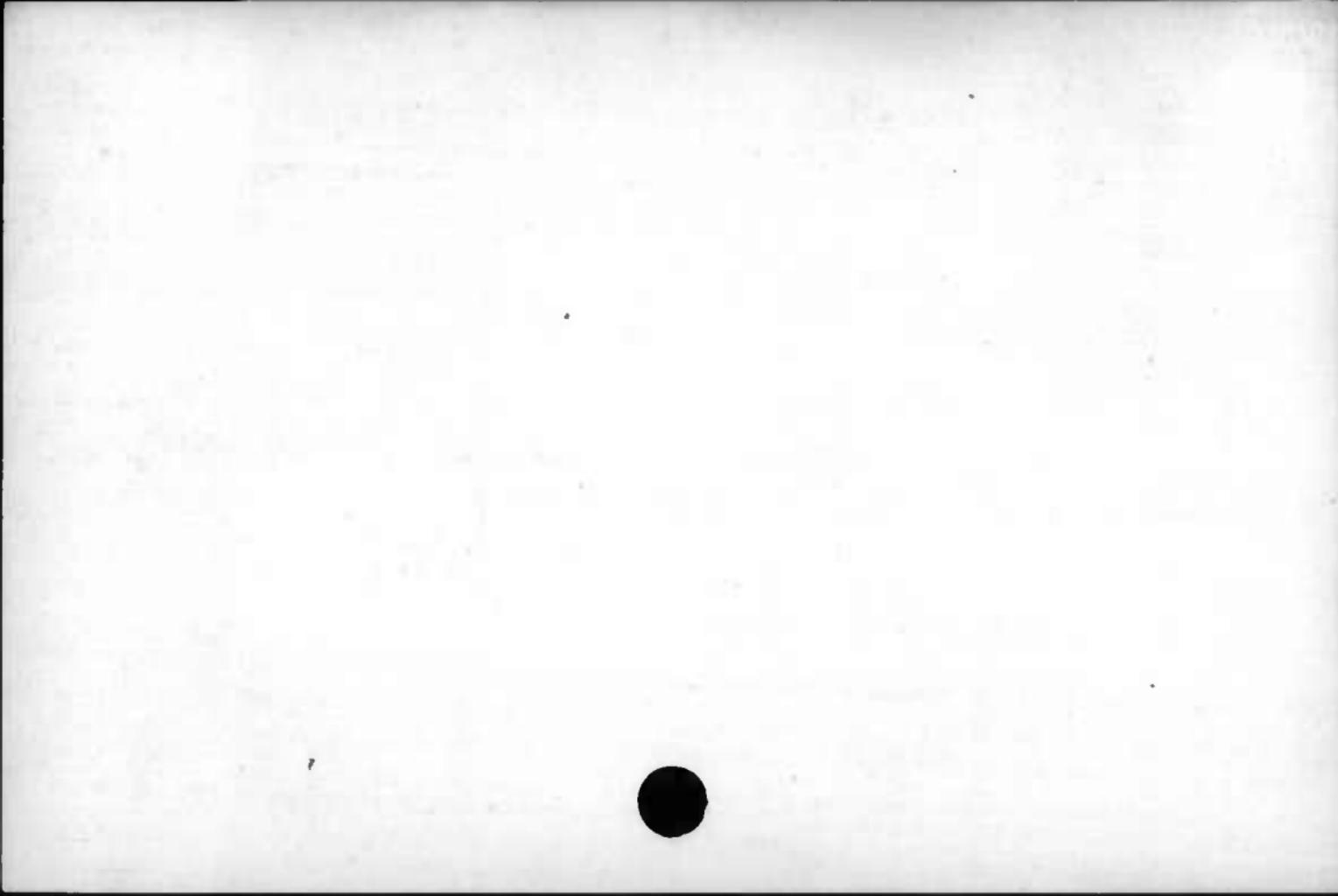
Address

John E. Bausby
Forestville,
Md.PHYSICIAN
OR CORONER

H

Accident or Suicide?

Neither



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

CERTIFICATE OF DEATH

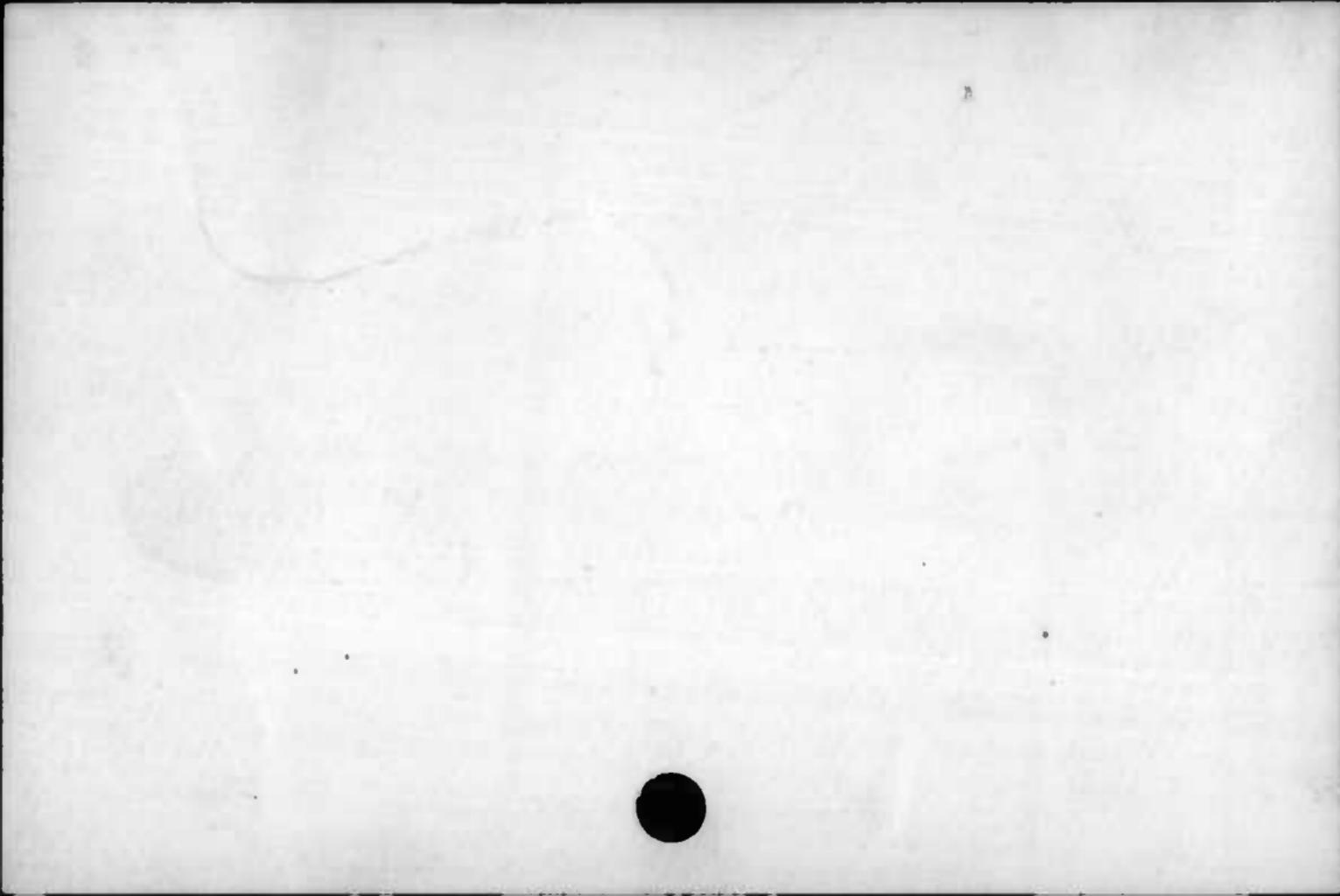
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Birthplace	
Father's Name	Birthplace		
Mother's Maiden Name	Birthplace		
Name of person giving information	How related to deceased		

James Flanders
Aquiaoco
Pr. Georges
Maryland
Male Colored
Brickmaker
Widower Unknown
Unknown
Unknown
Unknown
Webster Douglas
None

CAUSES OF DEATH

120

Primary	Bright's Disease	How long
Immediate	Prairie Poisoning	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?	No.	Aquasco Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

No name Ford Prince George

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Hollingsham	Ford	Prince George
Date of death	Month	Year
1908	February	27
Age	Months	Days
Sex unknown	Color or Race	Birth-place
Occupation	Where Residing If not at place of death	Hollingsham Md
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	Chm St. Ford	Father's Birthplace
Mother's Maiden Name	Edna Carroll	Mother's Birthplace
Name of person giving Information	Chm St. Ford	How related to deceased

CAUSES OF DEATH



Primary	still born	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

yes

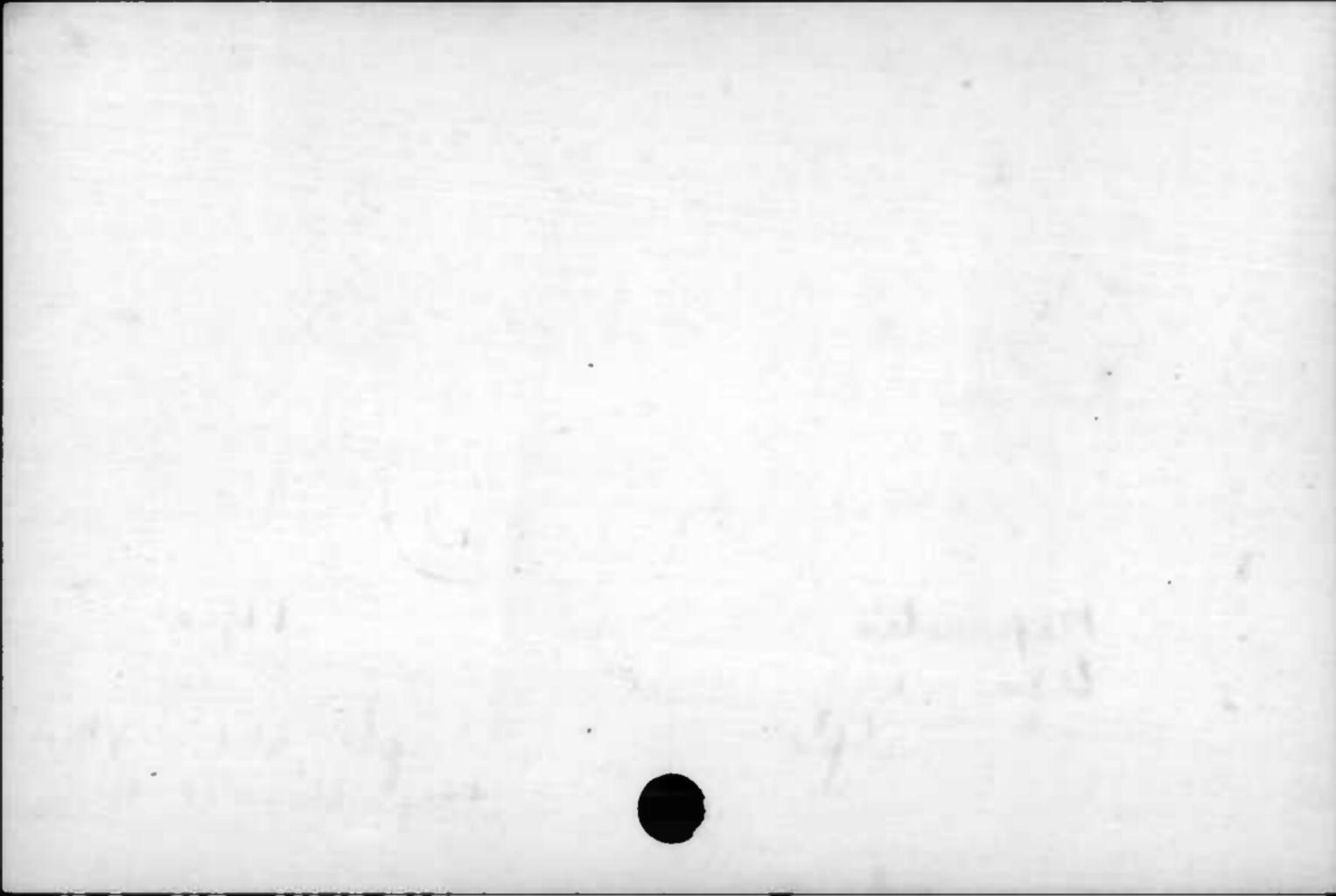
Signature of Physician

Address

Ernest H. Garner
actg Coroner

Accident or Suicide?

Mouthens, Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

William F Friday

CERTIFICATE OF DEATH

Died at <u>Riverdale</u>		Town	County <u>Prince George</u>		MARYLAND
Date of death <u>1908</u>	Month <u>Febr.</u>	Day <u>7</u>	Age <u>79</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>				Days
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Dorothy Friday</u>				
Father's Name <u>William Friday</u>				Father's Birthplace <u>Germany</u>	
Mother's Maiden Name <u>Dorothy Strotherman</u>				Mother's Birthplace <u>" "</u>	
Name of person giving Information <u>Henry Friday</u>				How related to deceased <u>Son</u>	

CAUSES OF DEATH

120

How long

1 year

How long
3 days

Primary

Nephritis

Immediate

Uraemia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

I. Hugh Whistler, M.D.
Hyattsville, Md.

Accident or Suicide?

4
10



Name
in
Full

Fredrick A. Gaines

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Meadows	D. Geo.				
Date of death 1908	Month Feb	Day 9	Years 46	Months	Days
Sex Male	Color or Race white	Birth-place Va			
Occupation Minister (Methodist)	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary E.				
Father's Name Alexander Gaines	Father's Birthplace Don't know				
Mother's Maiden Name Farstein	Mother's Birthplace Don't know				
Name of person giving information Mrs W E Gaines	How related to deceased wife				

CAUSES OF DEATH

193

How long

8 dys

How long

Primary

Double pneumonia

Immediate

Heart failure

Signature of Physician

Address

L. A. Griffith
Upper Marlboro
Md

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?



Name
in
Full

Cydia M. Harding

CERTIFICATE OF DEATH

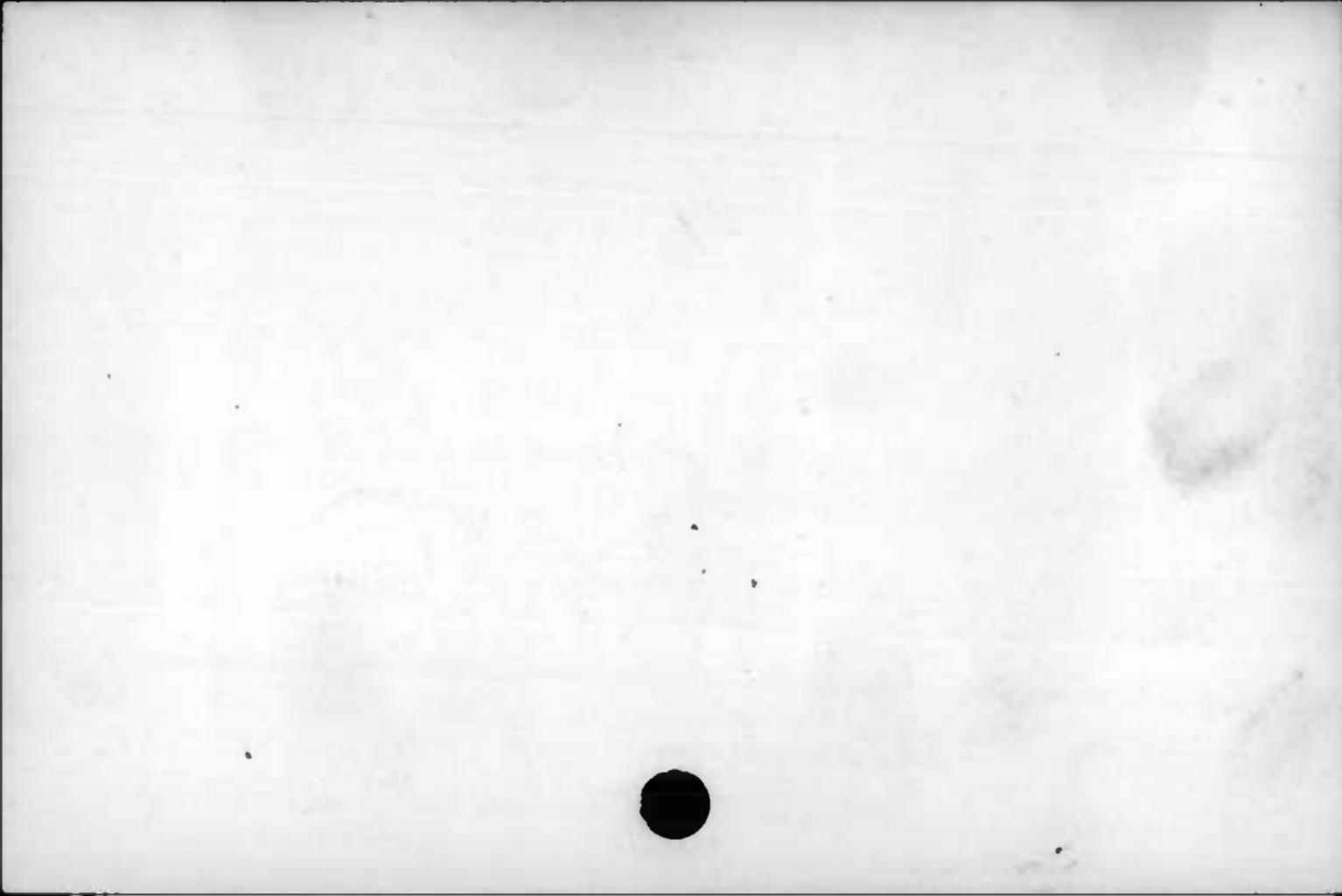
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Dame ^h Harding		
Father's Name	Dame ^h Owens.		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Wm ^h Owens		How related to deceased		
CAUSES OF DEATH					
Primary	Parenchymalitis of heart		120		
Immediate	Cardiac failure		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

John H. Garrison

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Up. Marlboro</u>		Town <u>Placed</u> County			
Date of death <u>1908</u>	Month <u>2</u>	Day <u>26</u>	Age <u>88</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Md</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Anne Garrison</u>			Father's Birthplace <u>Md</u>	
Father's Name <u>Unknown</u>			Mother's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Unknown</u>			How related to deceased <u>None</u>		
Name of person giving information <u>Andrew Simmers</u>					

CAUSES OF DEATH

95

How long

2 yrs

18 hours

Primary

Complications of Disease

Immediate

Cedema of lungs

How long

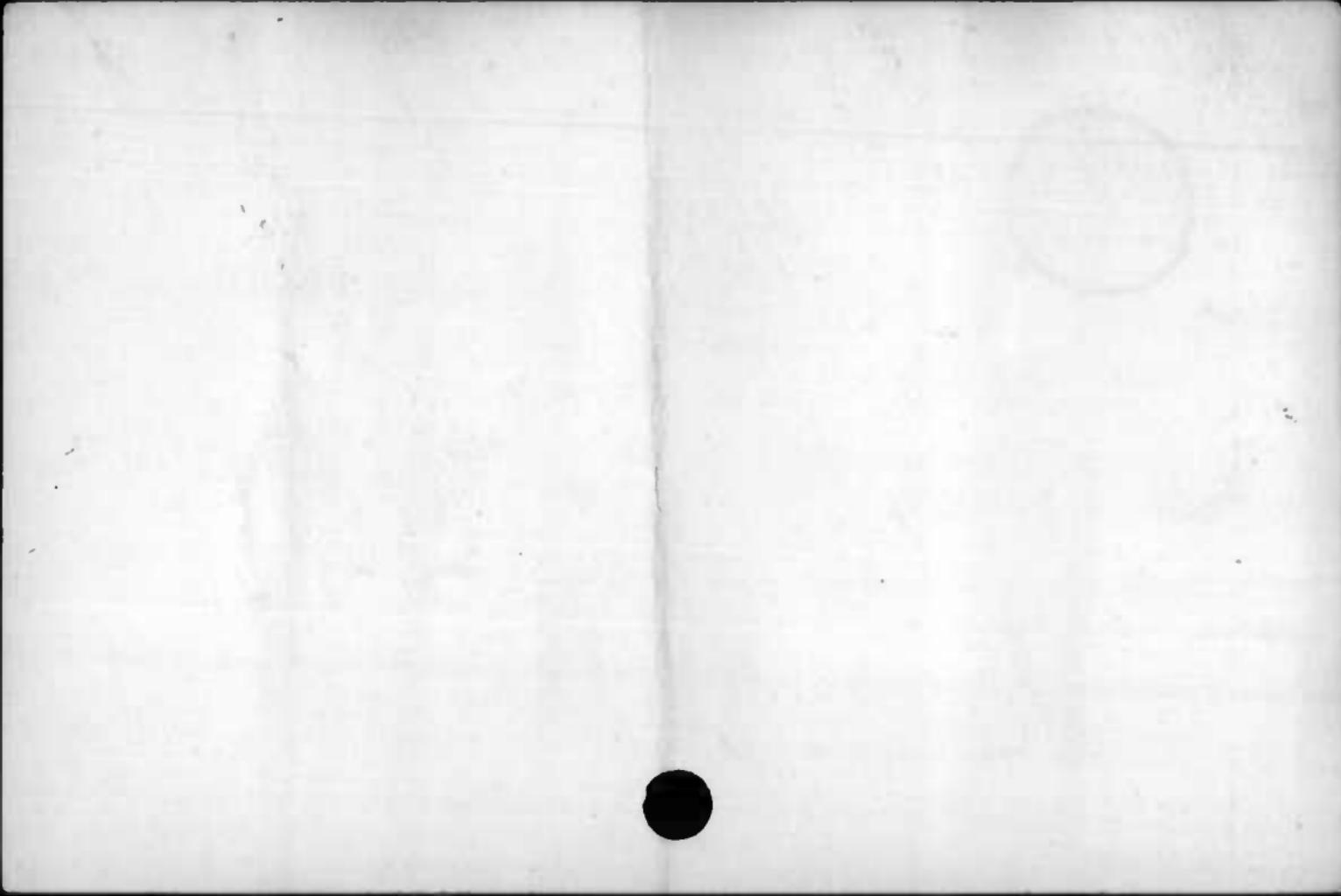
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Reverdy Bassett
Up. for Marlboro
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James H. Howard

CERTIFICATE OF DEATH

Died at <u>Brentwood</u>		Town	<u>Or. Geo</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>20</u>	Age <u>45</u>	Years		Months	Days
Sex <u>Male</u>	Color or Race	<u>Colored</u>		Birth-place	<u>Pr. Geo. Co.</u>		
Married, Single or Widowed		Occupation		<u>Delivery messenger</u>			
Name of Wife or Husband	<u>Cecilia Howard</u>						
Father's Name	<u>Edward Howard</u>			Father's Birthplace	<u>Pr. Geo. Co</u>		
Mother's Maiden Name	<u>Katie Brooks</u>			Mother's Birthplace	<u>Unknown</u>		
Name of person giving information	<u>Cecilia Howard</u>			How related to deceased	<u>wife</u>		

CAUSES OF DEATH

48

Primary Injury to limb & Rheumatism How long 4
Immediate Paralysis of Heart & Lung How long sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

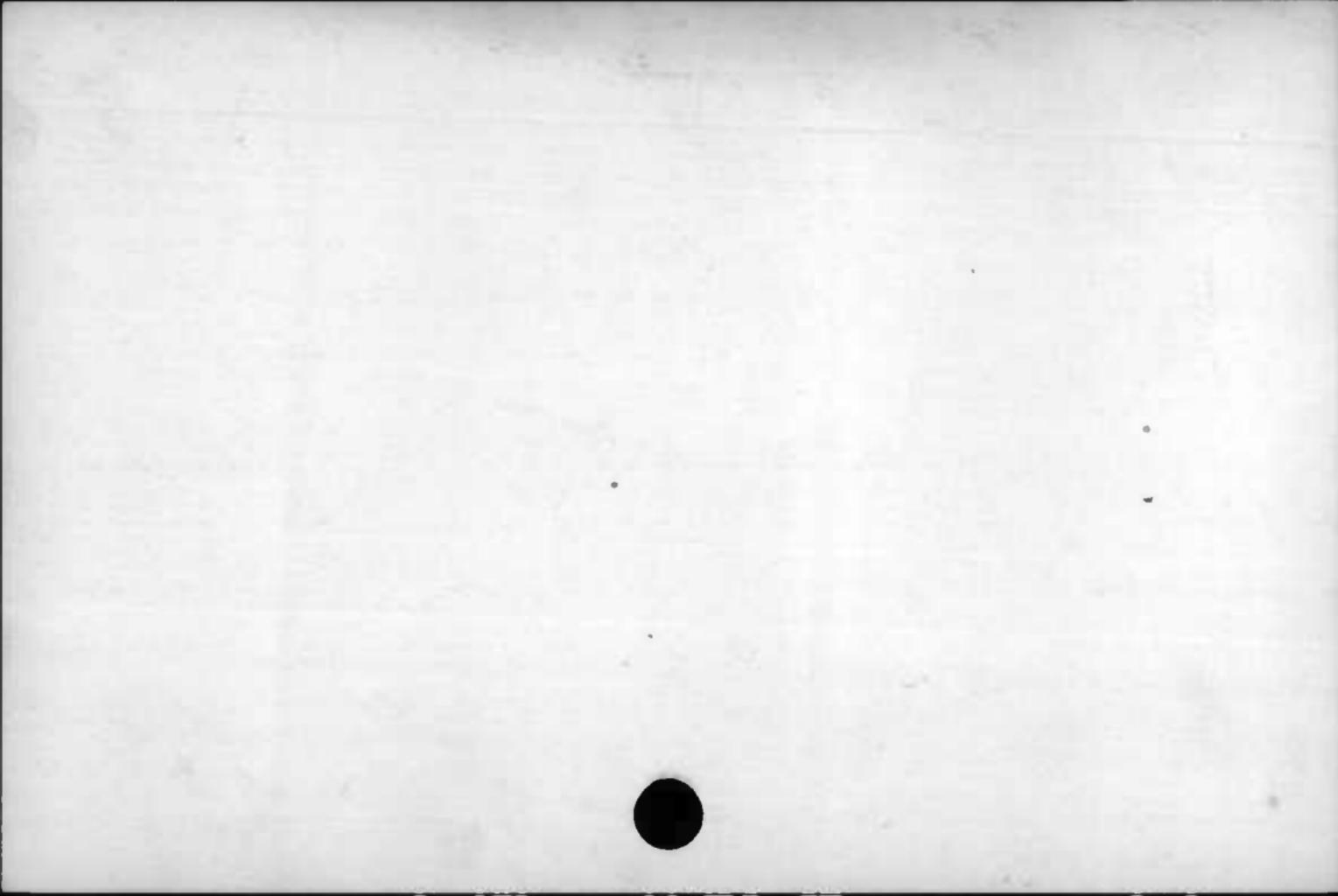
Signature of Physician

J. C. Ohlendorf, M.D.

Address

Brentwood, Ind.

Accident or Suicide?



Name
in
Full

Thomas Hyde

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Upper Marlboro		County PG.		MARYLAND	
Date of death 1908	Month 2	Day 19	Years 68	Months	Days
Sex Male	Color or Race White	Birthplace Unknown			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband Eliza King	Father's Birthplace G. G. Bedford			
Father's ✓ Name George J. Hyde	Mother's Birthplace " " "				
Mother's ✓ Maiden Name Mary M. Hyde	How related to deceased Son-in-Law				
Name of person giving information Thomas Blaney					

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER



Primary

Don't know

Immediate

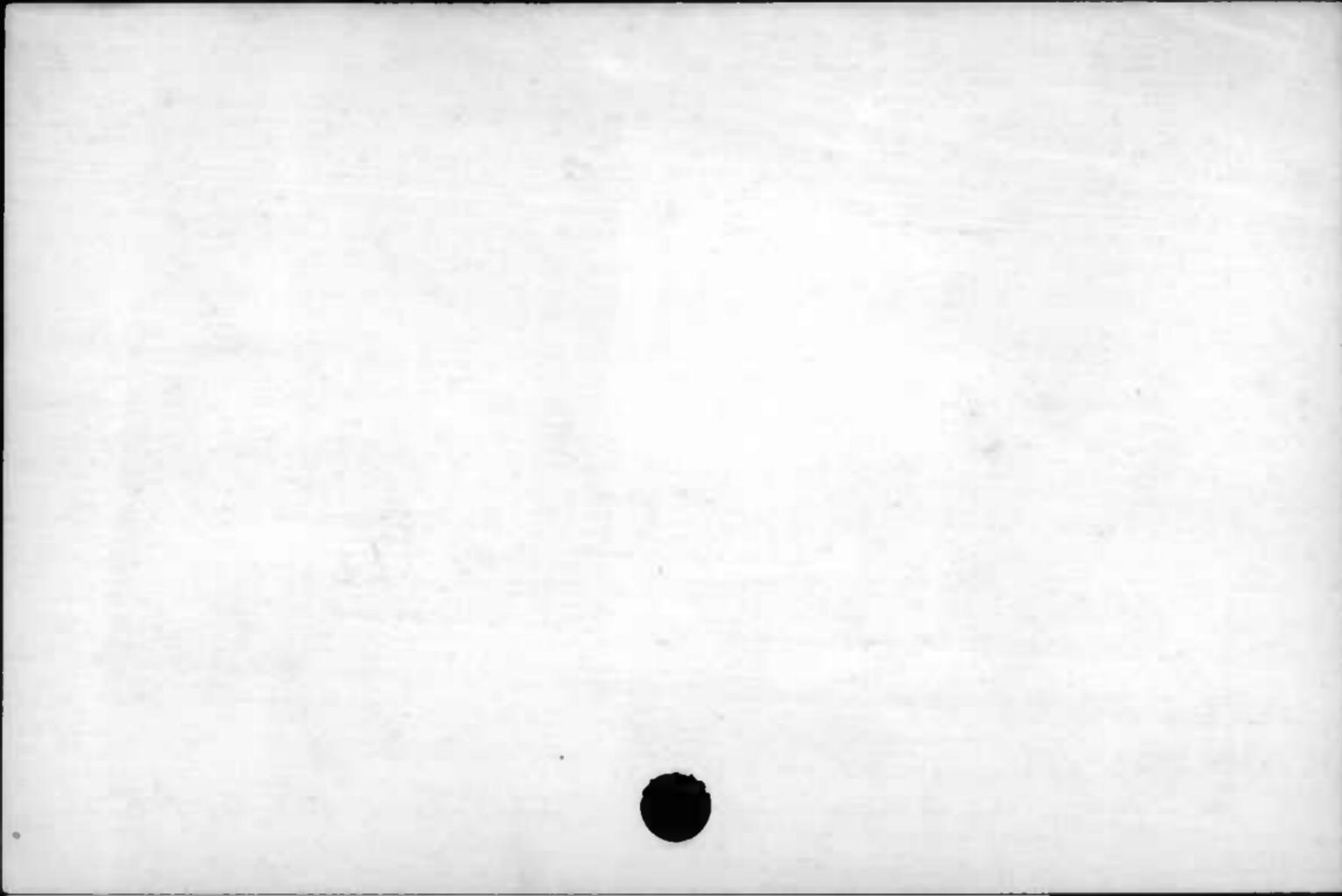
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Evans Smith
Sub Registrar adg Cor.
Upper Marlboro Md.

Accident or Suicide?



Name
in
Full

Martha Ireland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	B. Elk		County	MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	House wife			Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	John Ireland			
Father's Name	Don't know			Father's Birthplace	Md.	
Mother's Maiden Name	"	"	Mother's Birthplace			
Name of person giving information	Blanche R. Hack			How related to deceased	Son-in-law	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Cancer Stomach

long

1 year

Immediate

Cystostitis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

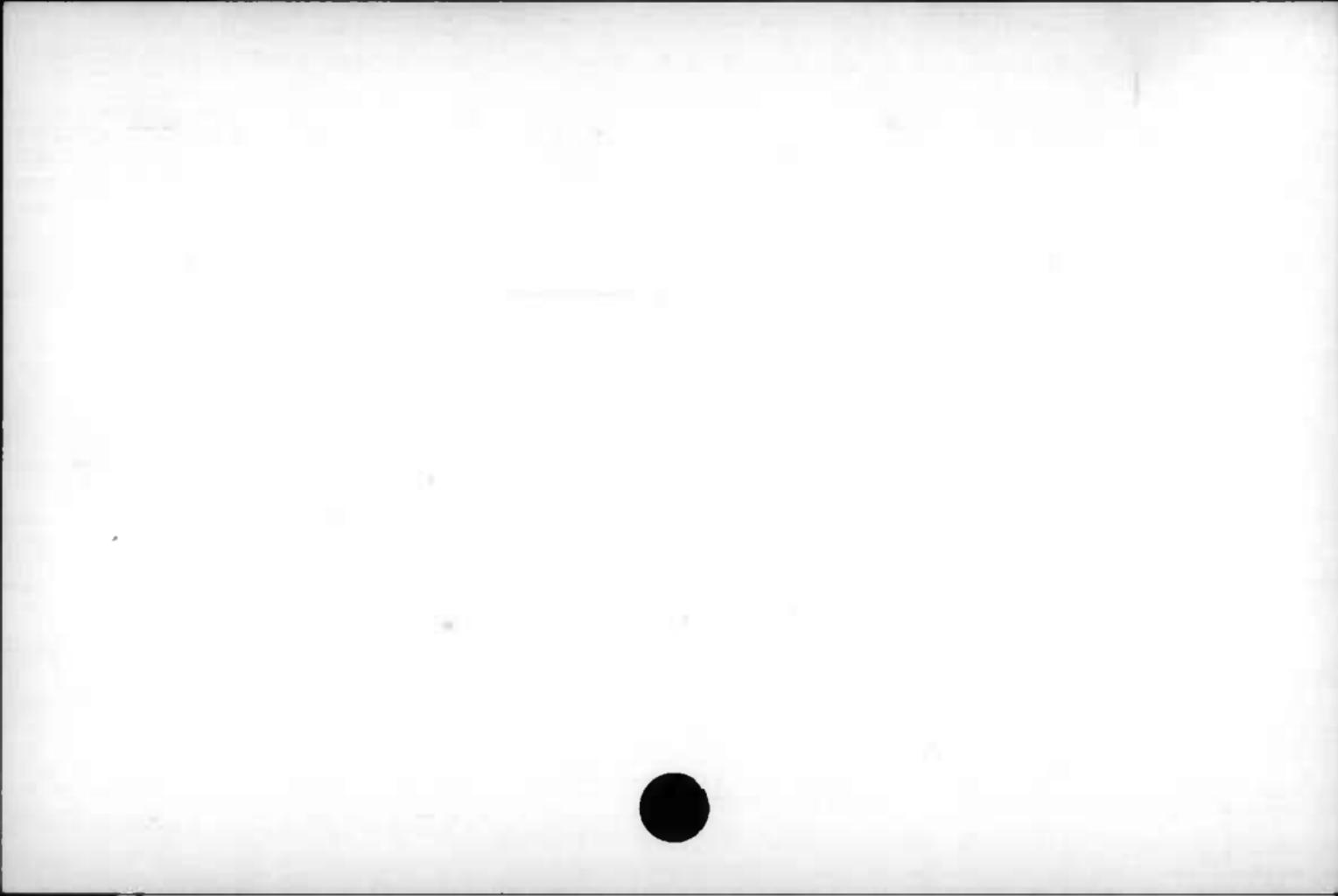
yes

Signature of Physician

Address

Randy Sasser
Upper Marlboro
Md

Accident or Suicide?



Name
in
Full

James J Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

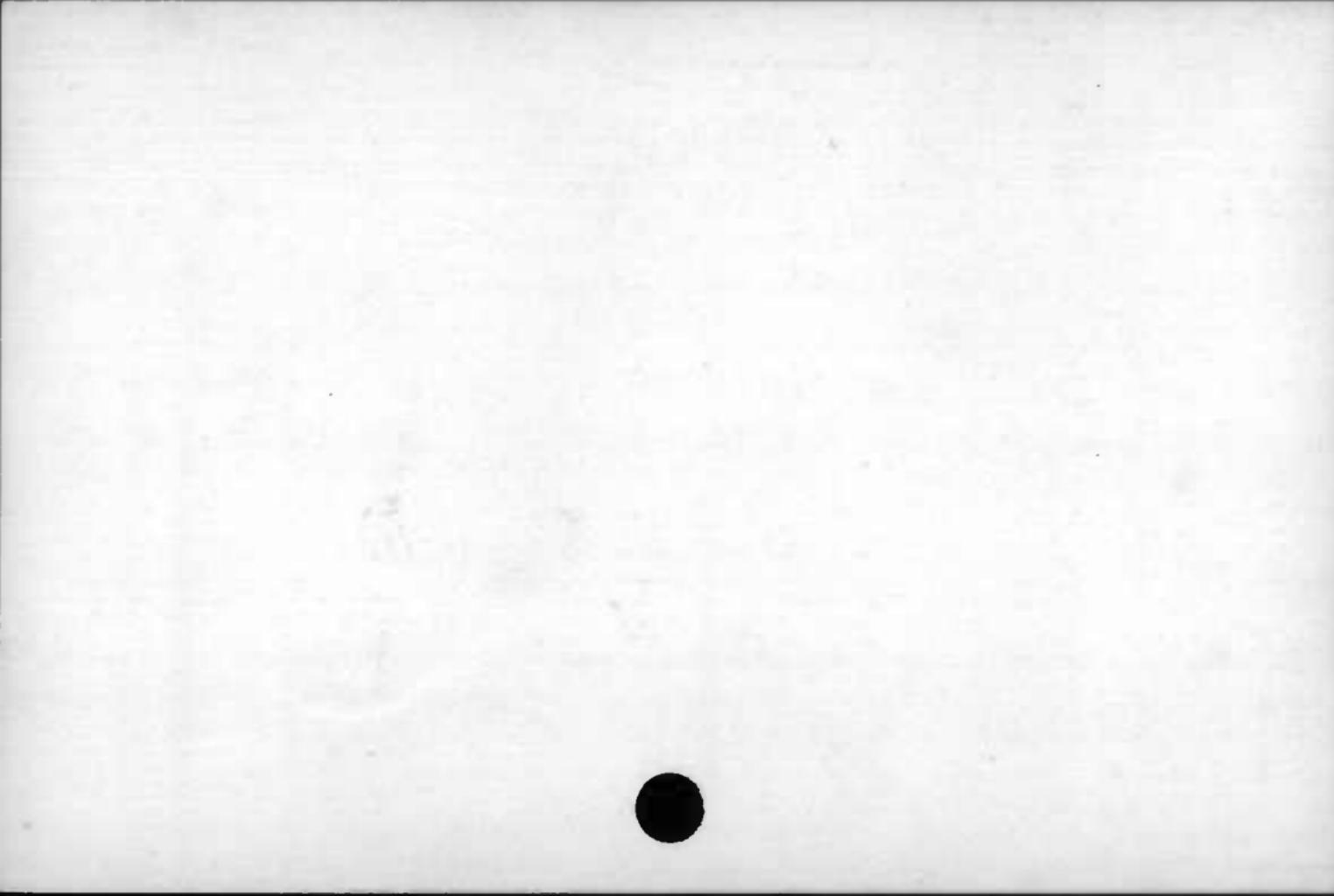
Died at <u>New Glatz</u> Town		County <u>Piney Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>19</u>	Years <u>3</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>New Glatz</u>			
Occupation <u>Child</u>	Where Residing if not at place of death <u>New Glatz</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Winfield Lewis</u>	Father's Birthplace <u>M-d</u>				
Mother's Maiden Name <u>Annie Taylor</u>	Mother's Birthplace <u>M-d</u>				
Name of person giving information <u>Winfield Lewis</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>4 weeks</u>
Immediate <u>Astremia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Parker M.D.</u>
	Address <u>Congress Heights D.C.</u>
Accident or Suicide?	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Pauline Linden Kohl

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Died at	Laurie	Baltimore Co	Months	Days
Date of death	Month	Day	Years	
1908	Feb	24	Age	62
Sex	Color or Race	White	Birth-place	Baltimore
Occupation	Where Residing if not at place of death	Laurie Ma		
Married, Single or Widowed	Name of Wife or Husband	Adolphus Linden Kohl		
Widow				
Father's Name	Sturm Prager	Father's Birthplace	Germany	
Mother's Maiden Name	Catherine Paul	Mother's Birthplace	"	
Name of person giving information	Geo Band	How related to deceased	Son-in-law	

CAUSES OF DEATH

79

How long

1 hour

How long

Primary

Heart disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. P. Rymer
Laurie Ma

Accident or Suicide?

No

adolph.

M. Myres

A

Bromper Halli

Jun 2 - 30

Name
in
Full

Frederick Earl McNeil

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	64	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Marguerite L McNeil			
Father's Name	Dont Know				
Mother's Maiden Name	Dont Know				
Name of person giving Information	Marguerite McNeil				

CAUSES OF DEATH

10

How long

3 months

How long

1 mo.

PHYSICIAN
OR CORONER

Primary

Flu Grippe

Immediate

Mitral incompetence

Are the name, age, sex, color, date and place correctly given above?

Yes

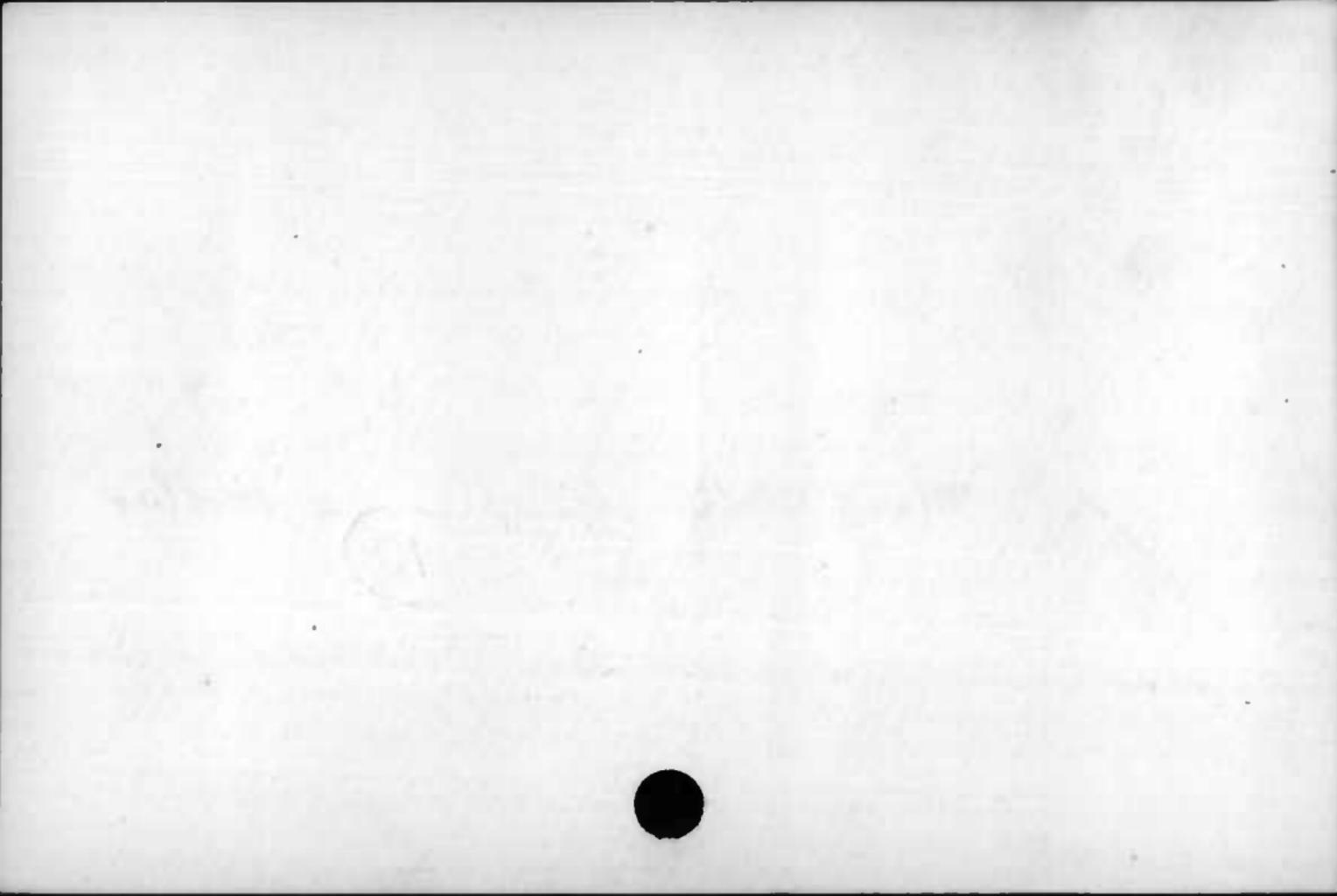
Signature of Physician

Address

Dr. W. H. Ratner MD
Hyattsville MD

Accident or Suicide?

Neither



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



John Horatio Mattingly, Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at Mt Rainier

Town

County

Date of death 1908 February 27

Month

Day

Years

Age 32

Months

✓

Days

1

Sex Male

Color or Race

white —

Birth-place

Washington, D.C.

Occupation

Clerk

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

John Horatio Mattingly

Father's Birthplace

Washington, D.C.

Mother's Maiden Name

Mary Frances

Mother's Birthplace

Baltimore, Md.

Name of person giving
Information

Mary Mattingly

How related
to deceased

Mother

CAUSES OF DEATH

27

How long

19 month

How long

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

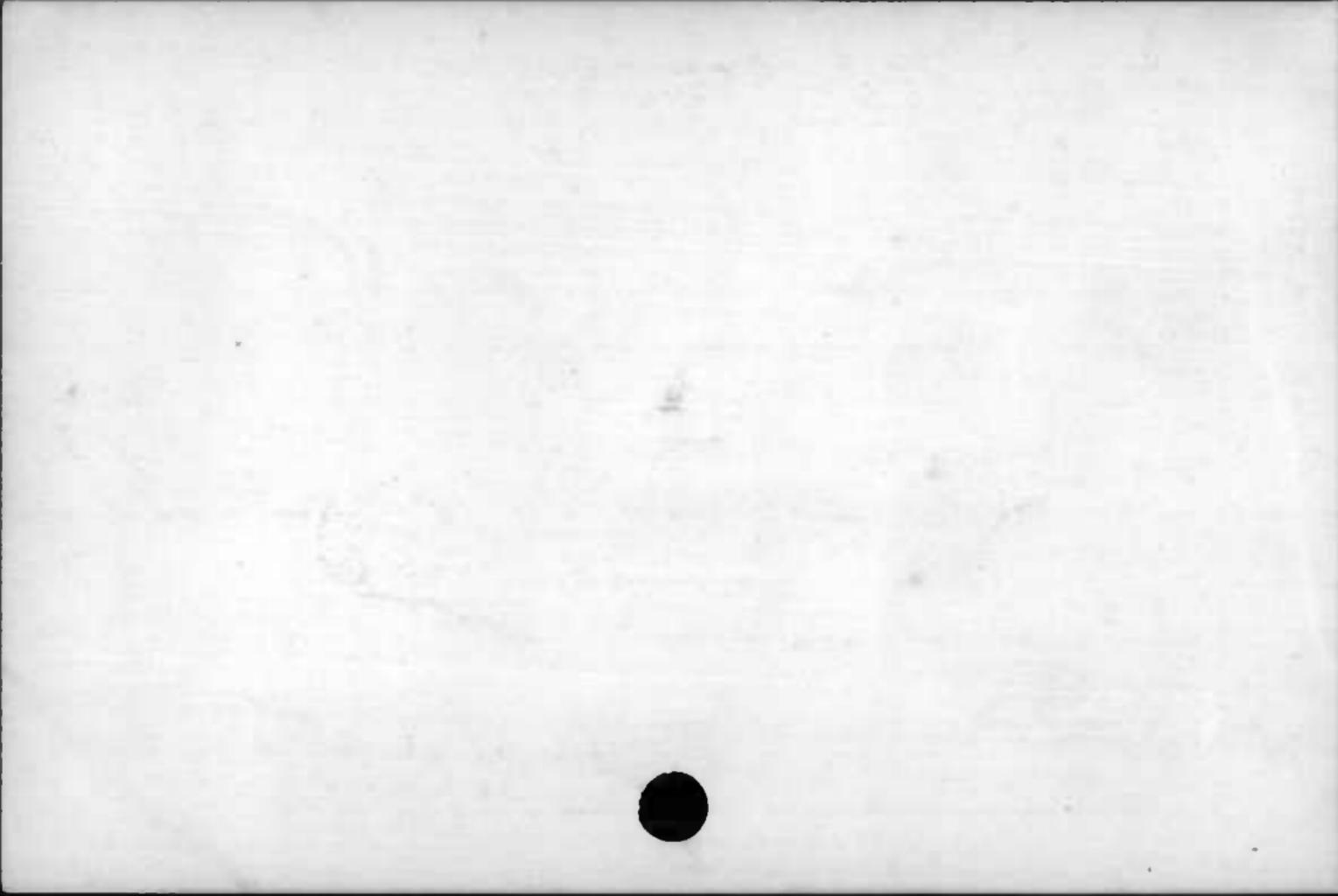
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C.S. Bradford, M.D.
Mt. Rainier, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H.

Maria Virginia Magruder
Town _____ County _____

CERTIFICATE OF DEATH

MARYLAND

Died at Leankam N.Y. Month Feb Day 6 Years - Months 9 Days -

Sex female

Color or
Race

Black

Birth-
place

Leankam N.Y.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wm G. Magruder

Father's
Birthplace

N.Y. Co. N.Y.

Mother's
Maiden Name

Mary A. Kelly

Mother's
Birthplace

N.Y. Co. N.Y.

Name of person giving
Information

Wm G. Magruder

How related
to deceased

Son

CAUSES OF DEATH

90

How long

7 days

How long

Primary

Capillary Branchitis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

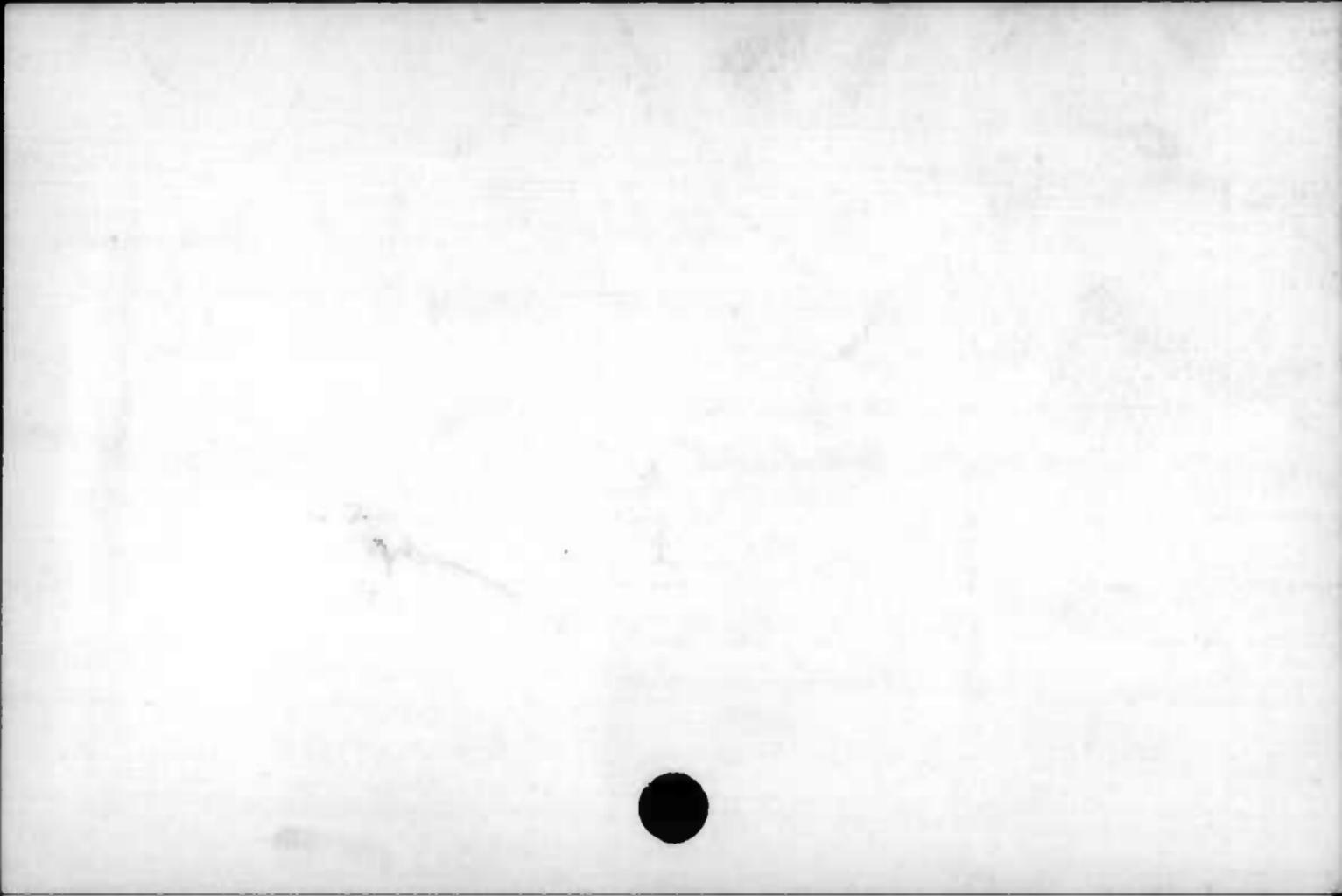
Signature of
Physician

Address

J.W. Dowall M.D.
Springfield
Md.

Accident or Suicide?

No



Name
in
Full

(Mead), Catherine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Milltown	Piney Forge	Months	Days
Date of death	1908	Month	Day	Year
Age	72	22	36	-
Sex	Female	Color or Race	Black	Birth-place
Occupation	Residing in Maryland			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Hannah Edelen			
Mother's Maiden Name	Adeline Greenfield			
Name of person giving Information	Inquest			
Father's Birthplace	Maryland			
Mother's Birthplace	Maryland -			
How related to deceased				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Death due to Natural Causes

How long

Immediate

Most probably, Apoplexy

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Spring St. Chancy M.D.
Baden
Maryland

H

Accident or Suicide?

Yes



Name
in
Full

Margaret Moran

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Rappa Marlow</u> Town		County <u>P. G.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>27</u>	Years <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>P. G. Co. Md</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Hally M. Moran</u>	Father's Birthplace <u>P. G. Co. Md</u>				
Mother's Maiden Name <u>Mattie Ball</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Hally M. Moran</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary <u>Dont know</u>	How long <u>—</u>				
Immediate <u>" "</u>	How long <u>—</u>				

179

How long

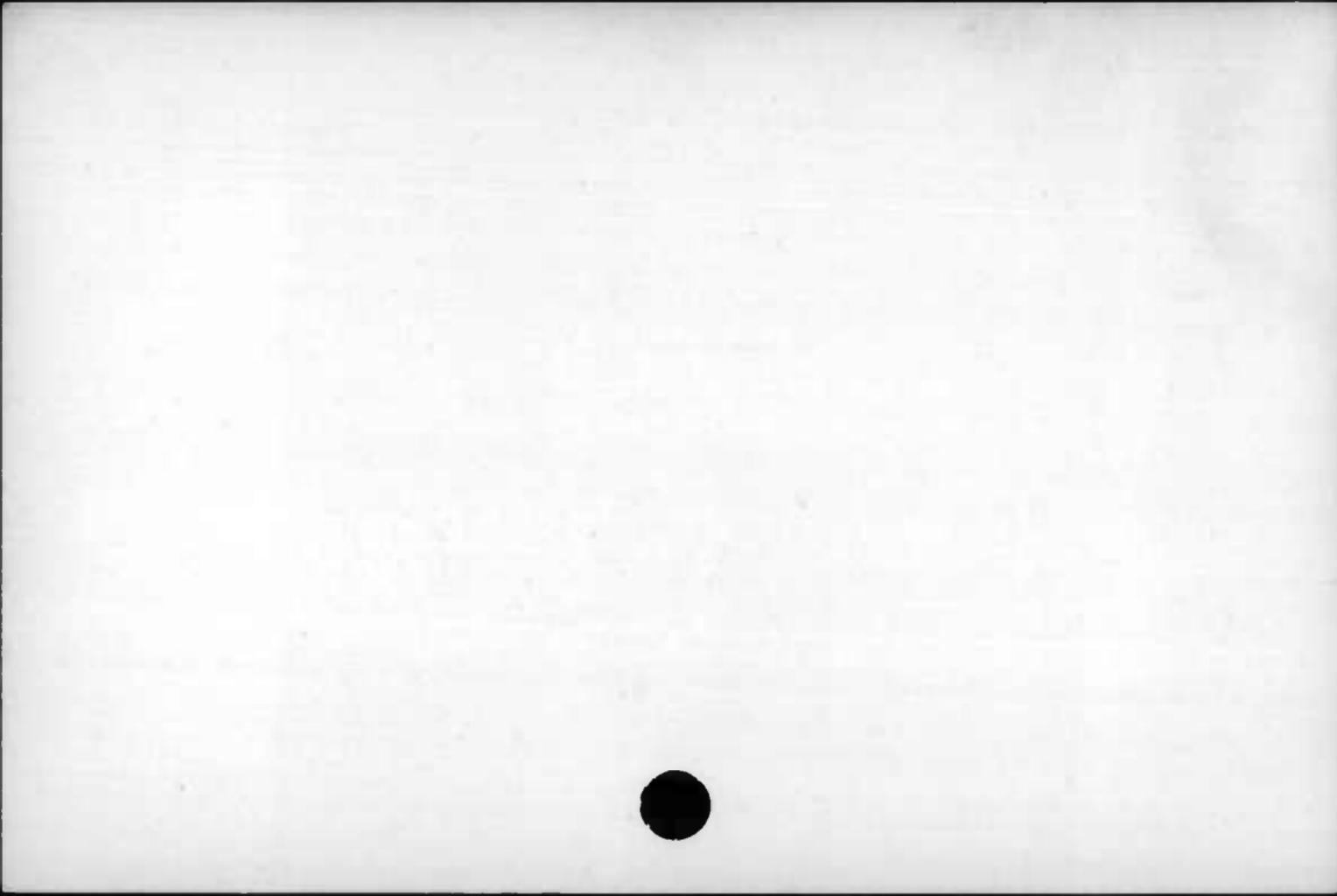
How long

Signature of Physician

Address

R. Emes Smith
Sub Registrar City Ct.
Rappa Marlowe Md

Accident or Suicide?



Name
in
Full

Doris Elizabeth Valley,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Landover Town		Ch. Geo County		MARYLAND	
Date of death 1908	Month Feb.	Day Wednesday	Years 4 months	Months	Days
Sex Female	Color or Race White	Birth-place Landover			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Frederick Floyd Valley		Father's Birthplace		Landover
Mother's Maiden Name	Bigg		Mother's Birthplace		Ardwick
Name of person giving Information	Stella E. Valley		How related to deceased		Aunt

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary **Enteric septicemia**

Immediate **Diarrhoea**

Are the name, age, sex, color, date
and place correctly given above?

yes

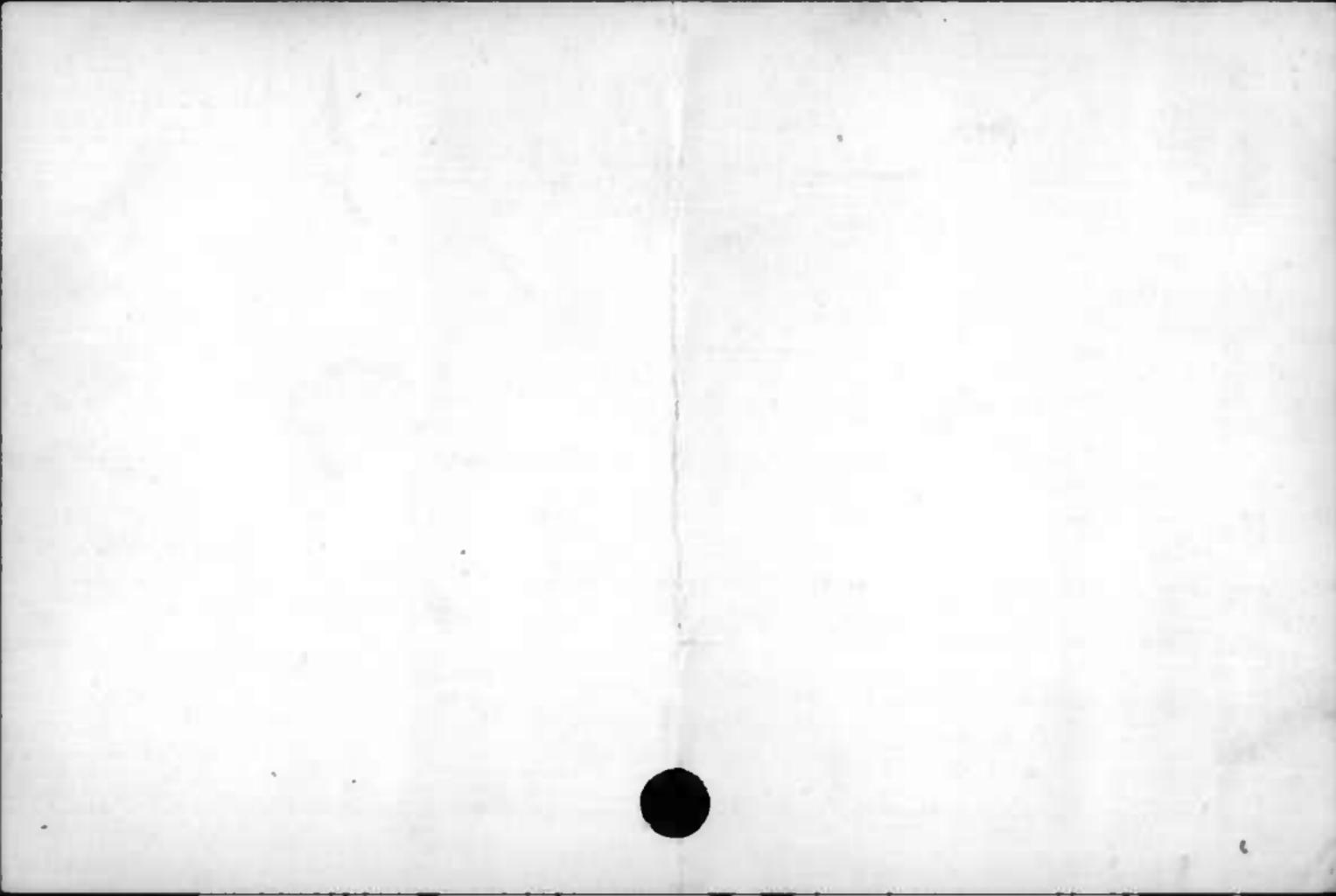
Signature of
Physician

Address

L. S. Savage
Baltimore, D. C.

I

Accident or Suicide?



Name
in
Full

Dennis G. Rease

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Lamer</u> Town		<u>P. S. G.</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>July</u>	Day <u>10</u>	Years <u>63</u>	Age <u>63</u>	Months <u>"</u>	Days <u>"</u>
Sex <u>Male</u>	Color or Race <u>Brown</u>	Birth-place <u>North Carolina</u>				
Occupation <u>Butler</u>		Where Residing if not at place of death <u>229 Lamer</u>				
Married, Single <u>Yes</u>	Name of Wife or Husband <u>Emily G. Rease</u>					
Father's Name <u>Edwin Rease</u>	Father's Birthplace <u>N. Carolina</u>					
Mother's Maiden Name <u>Maranda Cunningham</u>	Mother's Birthplace <u>N. Carolina</u>					
Name of person giving information <u>Elizabeth N. Rease</u>	How related to deceased <u>Sister-in-Law</u>					
CAUSES OF DEATH						
Primary <u>Infectious</u>	120					
Tarenchymalitis hepatitis						
Immediate <u>Jaemur</u>	How long <u>1 1/2 years</u>					
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>						
Signature of Physician <u>J. P. Ryall</u>						
Address <u>Laurd. Md.</u>						
Accident or Suicide? <u>H</u>						

Name
in
Full

Estta B. Rollins

CERTIFICATE OF DEATH

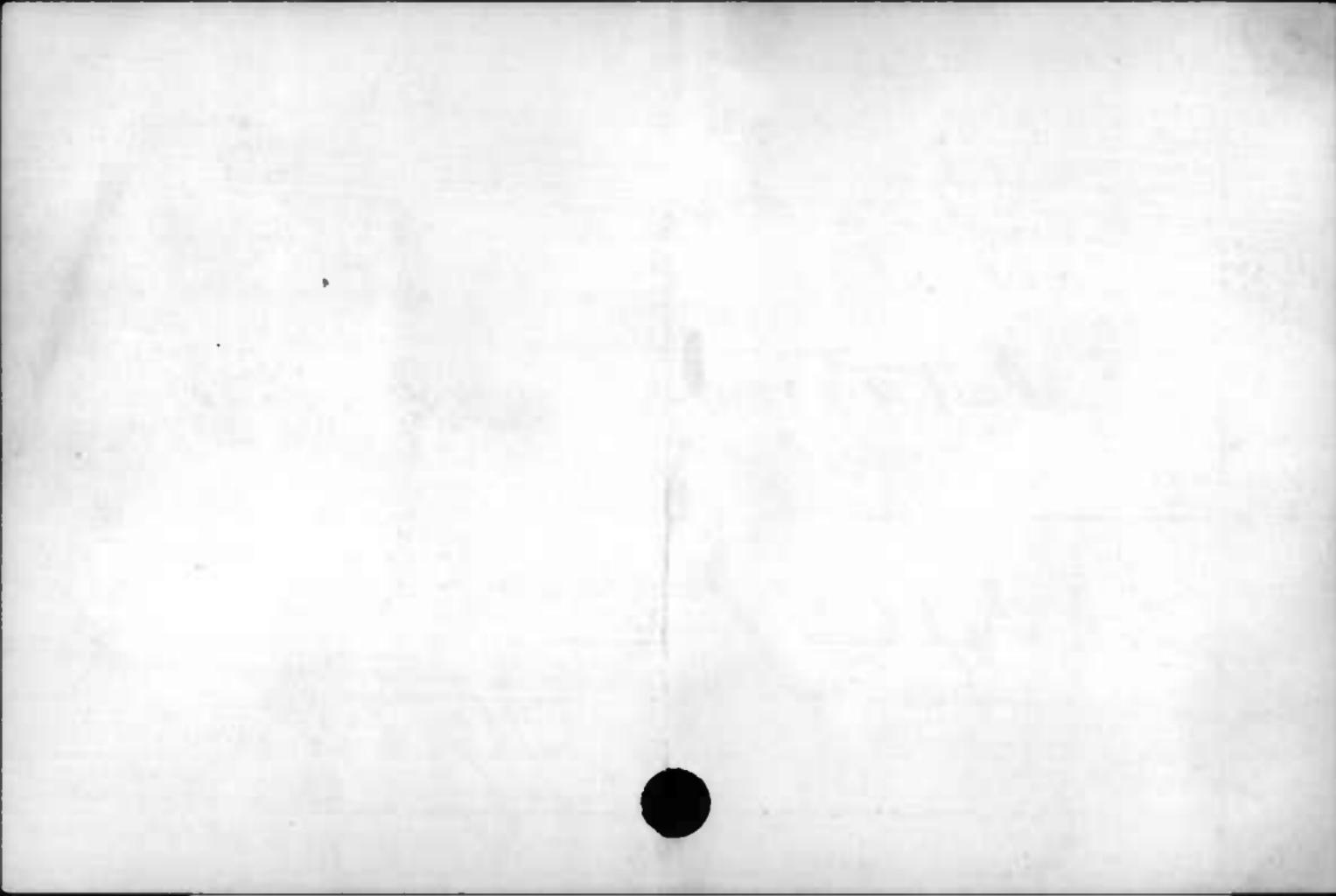
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Landover	Prince George			
Date of death	Month	Day	Years	Months	Days
of death 1908.	Feb	10 th	Age 65	-	-
Sex	Female	Color or Race	White	Birth-place	Pa.
Occupation	None.	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Charles H Rollins	Father's Birthplace	Do Pa
Father's Name	James Blair	Mother's Maiden Name	(Sarah) Sadie Kroc	Mother's Birthplace	Pa
Name of person giving information	Elva Rainey	How related to deceased	daughter	How long	One week.
CAUSES OF DEATH					
Primary	Mitral Regurgitation.				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician R.A. Schoonover		
			Address Benning D.C.		
Accident or Suicide?					

79

PHYSICIAN
OR CORONER

I



Name
in
Full

Mary Simmons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Bernard Simmons		
Father's Name	Pat Browne				
Mother's Maiden Name	Rawlings				
Name of person giving information	Maurice Simmons				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lymphoid Tum

(1)

How long

8 weeks

Immediate

Se Giffit

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Upper Marlboro

Accident or Suicide?

Shows his talent here used

(A)



Name
in
Full.

Fredrick L Smith

CERTIFICATE OF DEATH

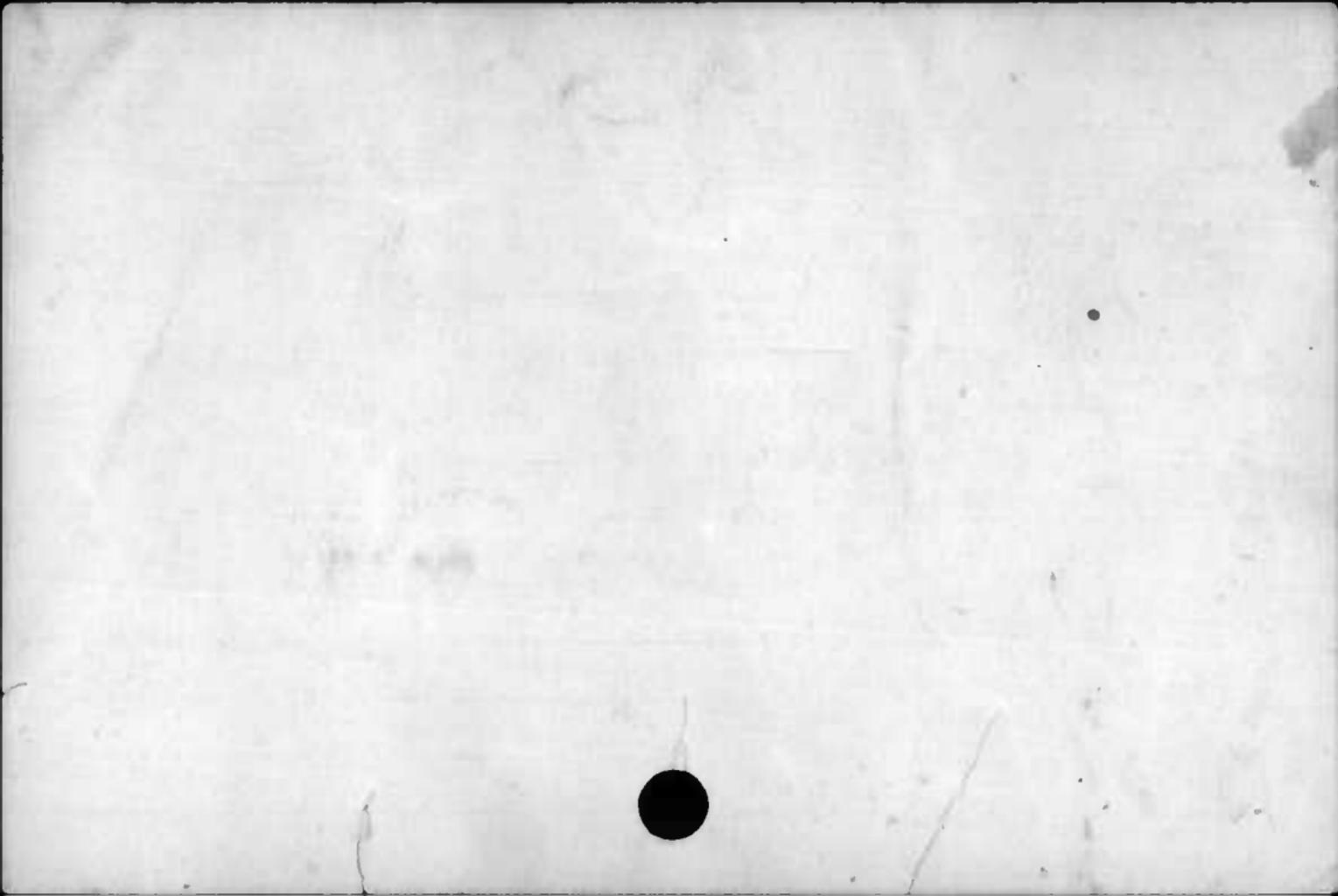
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Ella E Smith	
Father's Name	Loyd Smyth	Father's Birthplace	Md
Mother's Maiden Name	Don't Know	Mother's Birthplace	Md
Name of person giving Information	Ella E Smith	How related to deceased	wife
CAUSES OF DEATH			
Primary	Pneumonia		
Immediate	La Grippe		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Louis H. Beatty M.D.	
		Address	
		610 E. Leaph St.	
		Washington D.C.	

27

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

None Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	R. J. Thompson			Father's Birthplace	Wash. D.C.
Mother's Maiden Name	Inunde M. Lee			Mother's Birthplace	Bethlehem Ind.
Name of person giving Information	R. J. Thompson			How related to deceased	Father.

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature birth

How long

Immediate Arthritis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

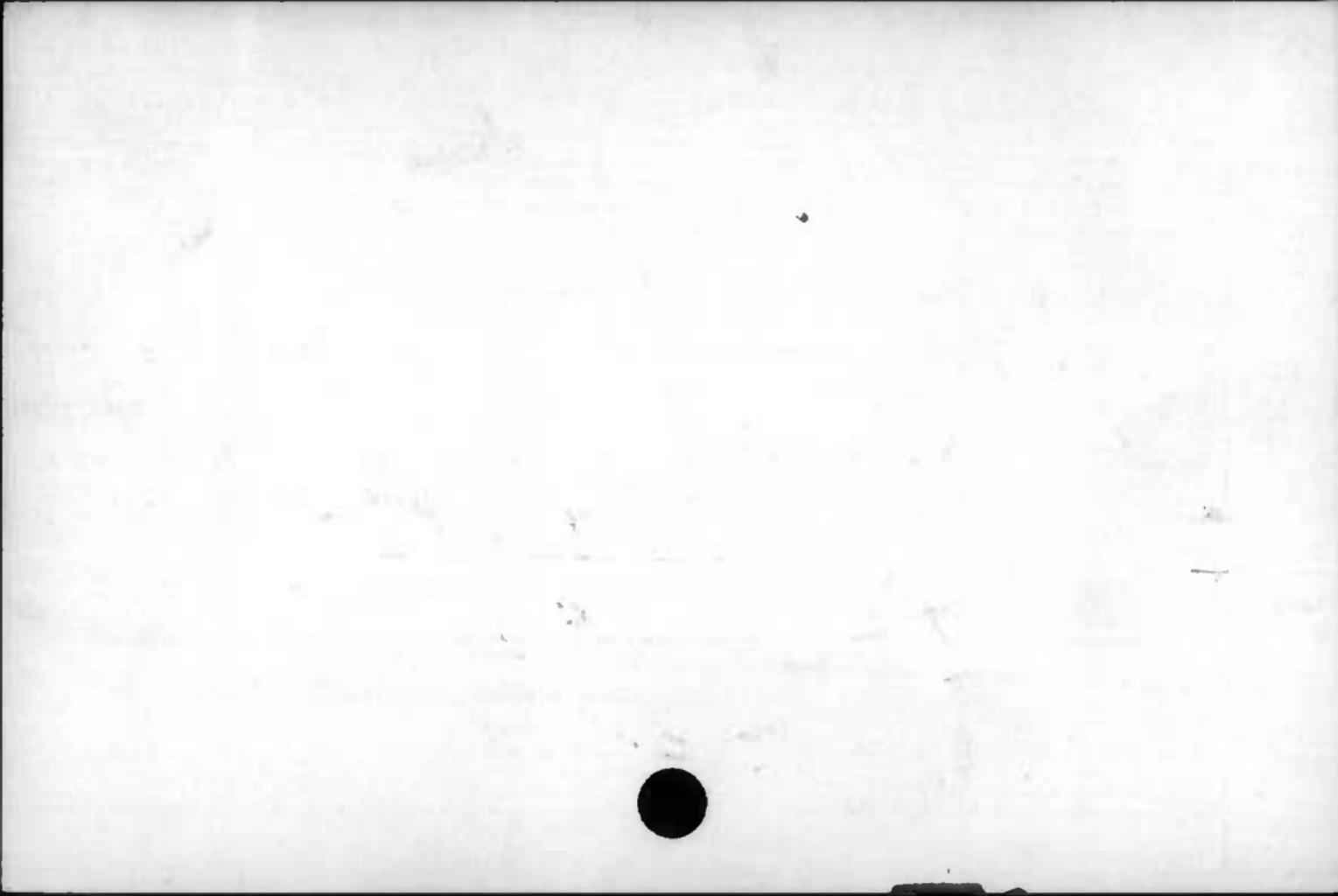
Signature of Physician

Address

John D. O'Donnell M.D.
Springfield
Md.

H

Accident or Suicide?



Name
in
Full

Henrietta Warner

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Muskicks	Pt. George		
Date of death	Month	Day	Years
1908	2	23	72
Age	Months	Days	-
Sex	Color or Race	Birth-place	
Female	Black	Md.	
Occupation	Where Residing if not at place of death		
Servant			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Single	Lukke Warner	Md.	
Father's Name		Mother's Birthplace	
Mother's Maiden Name	Unknown	Md.	
Name of person giving Information	Ike Williams	How related to deceased	Not at all

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

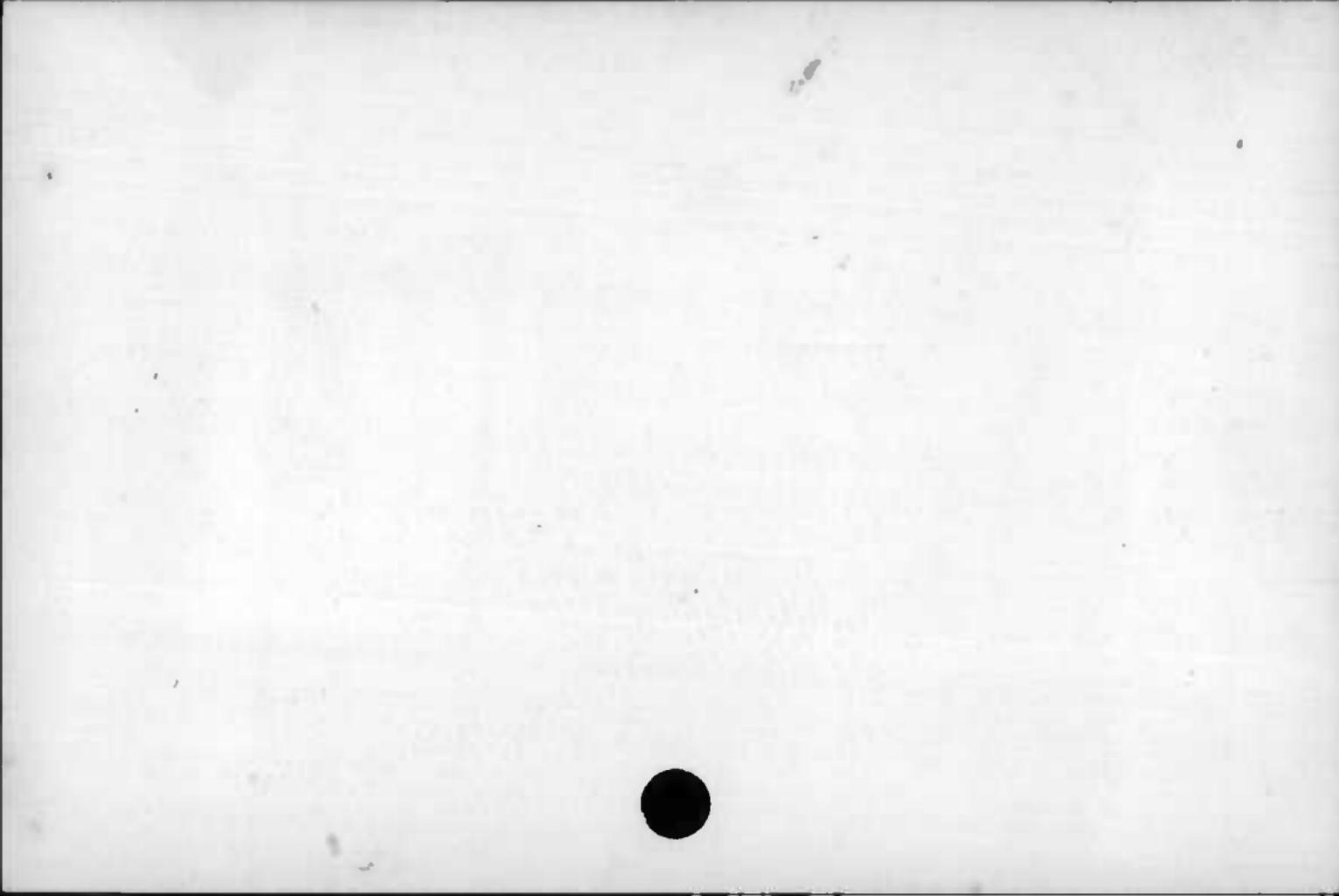
Signature of Physician

Address

J. A. Hinckley MD

Laurel Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth- place		
Occupation	Where Residing if not at place of death		Queen Anne,			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Skinfield S. Wilkins		Father's Birthplace			
Mother's Maiden Name	Augusta Gibbs		Mother's Birthplace			
Name of person giving Information	Augusta Wilkins		How related to deceased			
CAUSES OF DEATH						
Primary	Still born infant		S How long			
Immediate			How long			

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hanna Eloise Wilson

CERTIFICATE OF DEATH

Died at Upper Marlboro		Town	P. Y.		County	
Date of death	1908	Month 2	Day 16	Age 59	Years	Months — Days
Sex Female	Color or Race White		Birth-place Fredericks Hall, Va.			
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		George W. Wilson			
Father's Name	B. M. Carpenter		Father's Birthplace Virginia			
Mother's Maiden Name	Margaret Carpenter Boxley		Mother's Birthplace ..			
Name of person giving information	How related to deceased Son					
CAUSES OF DEATH						
Primary	66					
Immediate	How long 3 days					

PHYSICIAN
OR CORONER

H

Paralysis
Coma

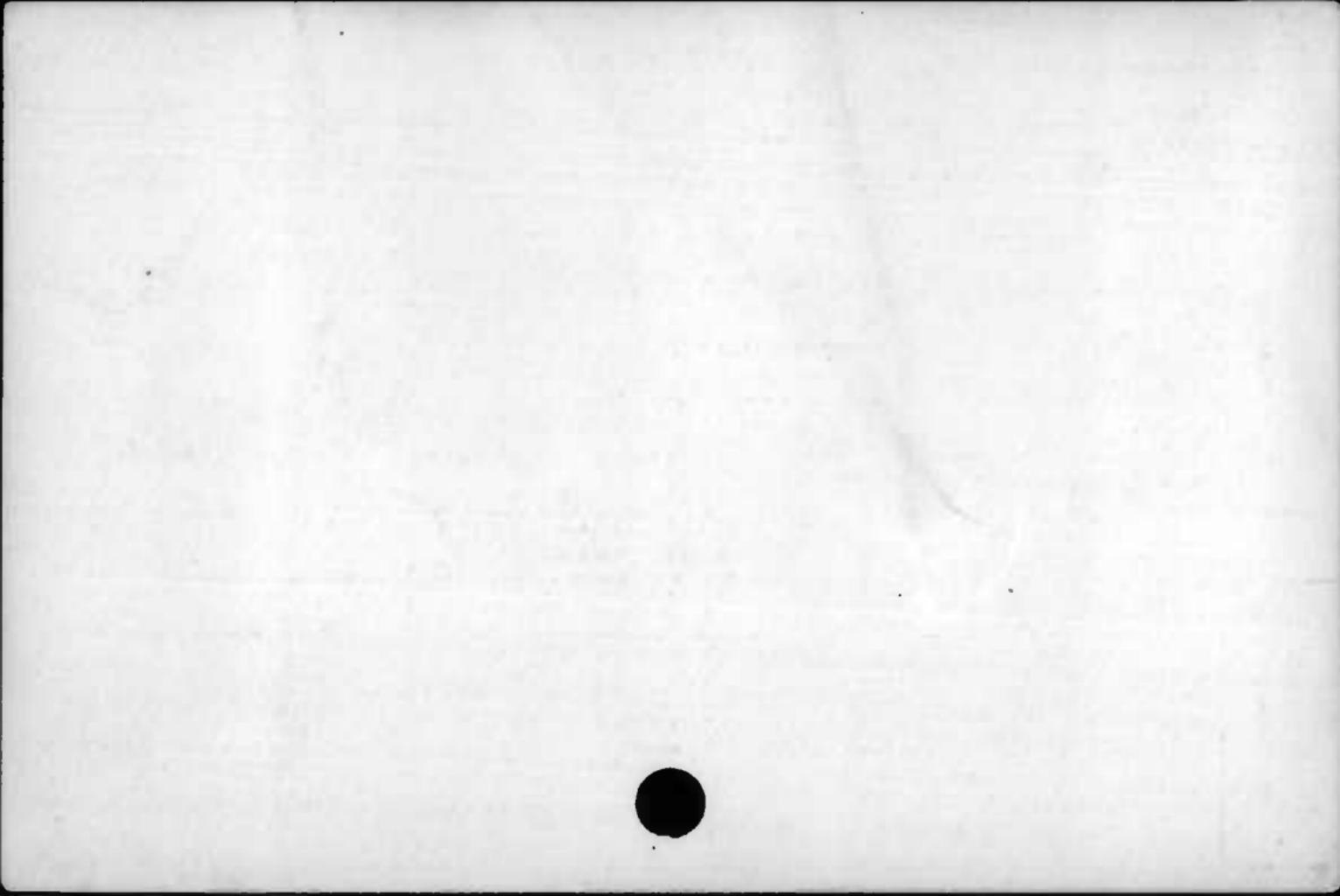
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ronald Sarsay
Upper Marlboro
Md

Accident or Suicide?



Name
in
Full

William L. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Leland.

Town

County

Prince George.

MARYLAND

Date of death 1908 Month Feb Day 5th Age 61 Years — Months — Days —

Sex Male

Color or Race

white

Birth-Place

Md.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Alice Wilson

Father's Name

Lew. Wilson

Father's Birthplace

Md.

Mother's Maiden Name

Curtain

Mother's Birthplace

Unknown

Name of person giving
Information

John L. Wilson

How related
to deceased

Son

CAUSES OF DEATH

164

How long

10 hrs.

How long

Primary

apoplexy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

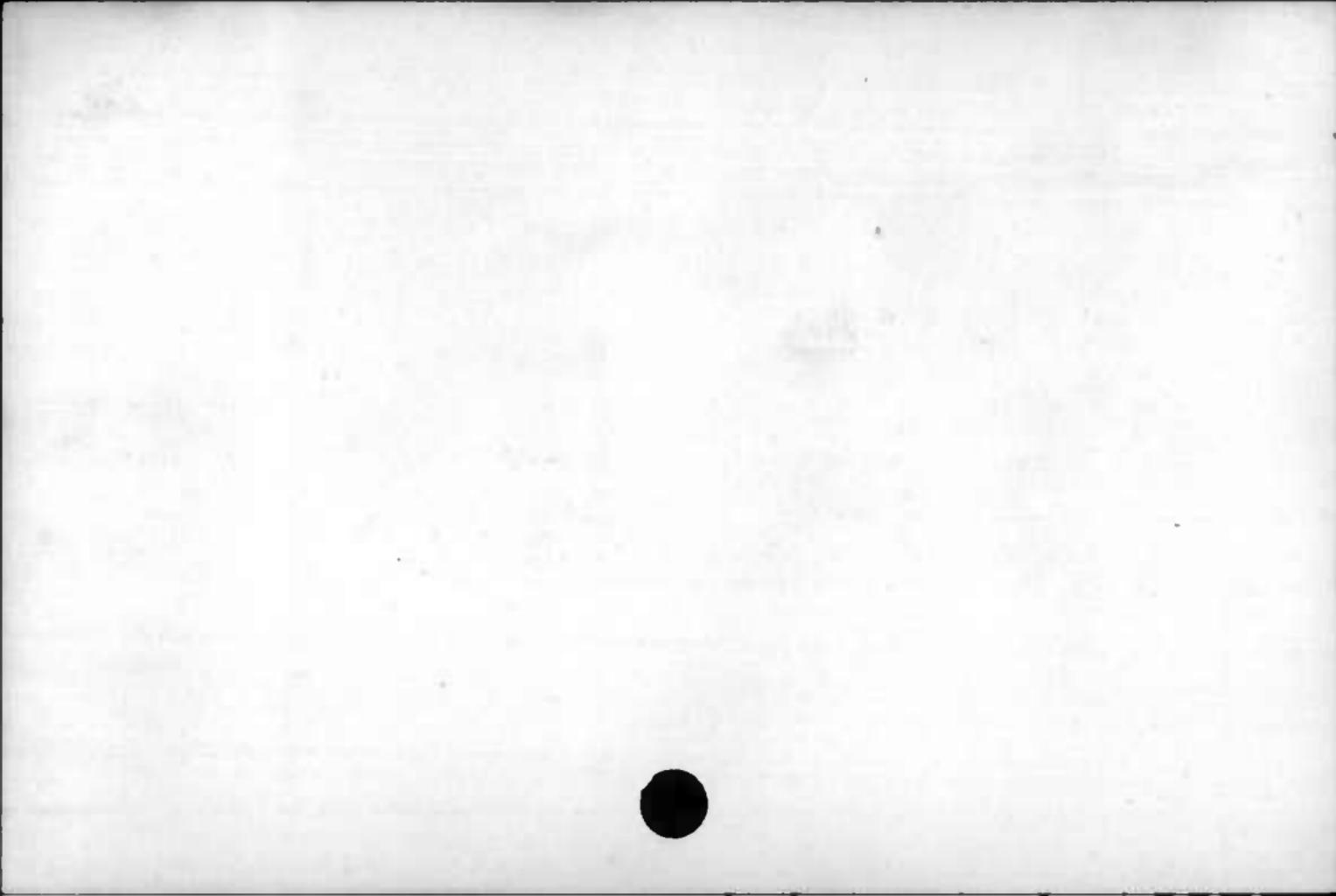
Signature of
Physician

Address

John L. Lansbury,
Forestville, Md.

H
PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ida M. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Upper Marlboro		County	O'Goo	MARYLAND	
Date of death	Month	1908	2	Day	6	Years	-
Age	Months	4	Days				
Sex	Female	Color or Race	Colored	Birth-place	N. Maryland		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Thomas Wood						
Mother's Maiden Name	Mary C. Perry						
Name of person giving information	Thomas Wood						
CAUSES OF DEATH							
Primary	Bronchitis, Capillary.						
Immediate	Exhaustion						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
go.				Address			

90

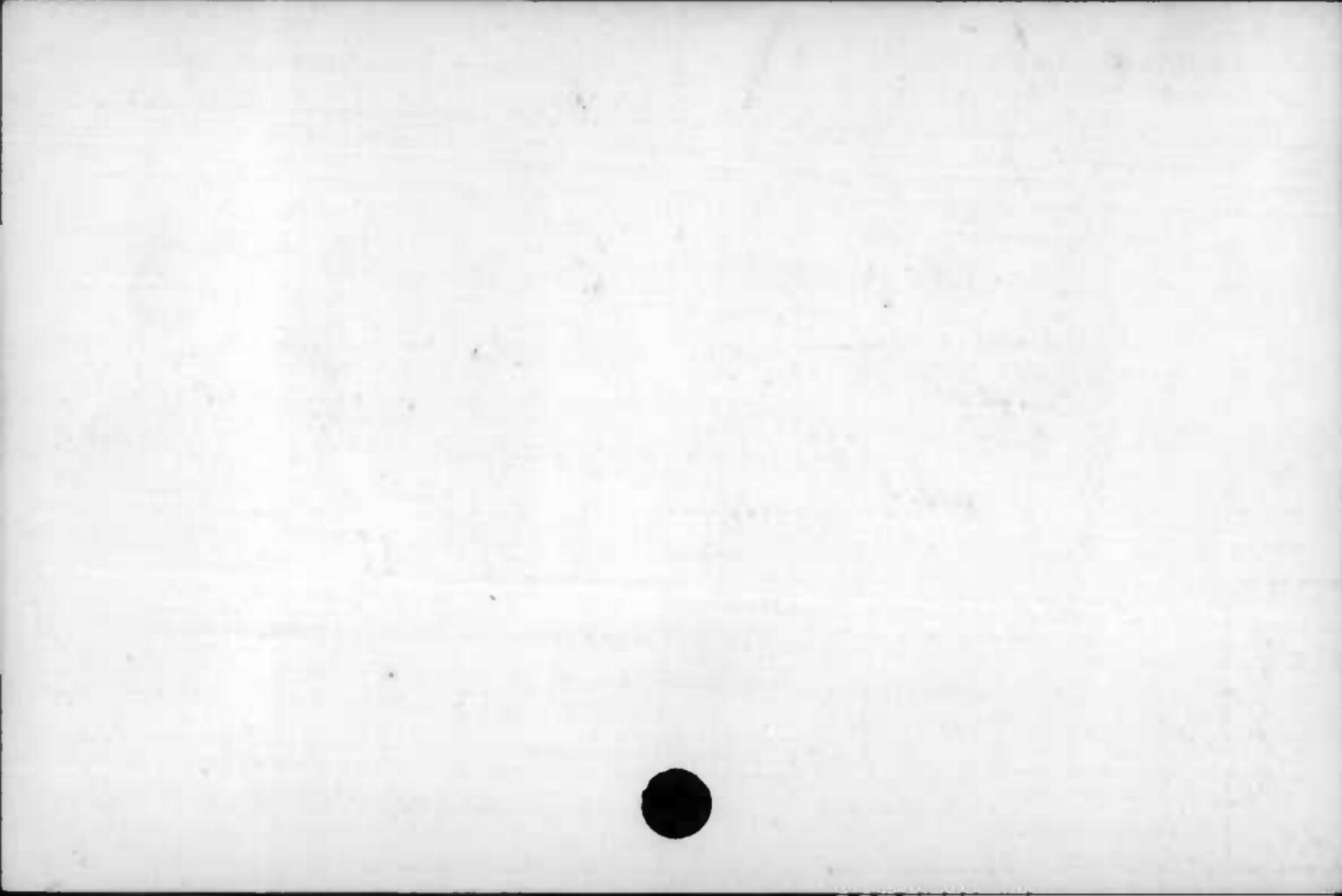
How long

3 weeks

How long

Ronald Bassett
Upper Marlboro
MD

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Rosetta Young

Town

Died at Lambourn

County

Prince Geo

MARYLAND

Date

Month

Day

Years

of death 1908 Feb 26 Age 96

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

no job too old

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Wellington Young

Father's
Name

Sandy of Topham

Father's
Birthplace

Md

Mother's
Maiden Name

Doris know

Mother's
Birthplace

Md

Name of person giving
Information

Lucinda Young

How related
to deceased

Daughter

CAUSES OF DEATH

(10)

Primary

Grippe & Severe Cold

A Month

Immediate

Hydropericarditis

or two

Are the name, age, sex, color, date
and place correctly given above?

As near

Signature of
Physician

Address

C.W. Burbaelt Jr.
Hyattsville
Md

as is obtainable

Accident or Suicide?

